Jellybean Pediatrics

Lauren Beene, MD | (216) 236-2847 | jellybeanpediatrics.com

General Medication Administration Form

For use at school, childcare, camp, or program when no program-specific form is required. One form per medication.
Medication must be provided in the original, pharmacy-labeled container. Must be signed by the prescriber and a parent/guardian.

Student Information

Student Name

Date of Birth

Grade / Class

School / Program Name

Weight (kg)

Date Weighed

Diagnosis / Condition Being Treated

Allergies / Reactions

Reason for Medication

Medication Order - Completed by Prescriber

Medication Name

Dose

Route (how given) ☐ By Mouth ☐ Topical ☐ Inhalation ☐ Injection ☐ Other:

Times at School/Program

☐ 7:00 AM ☐ 11:00 AM ☐ 3:00 PM ☐ Other:

Frequency

☐ Daily ☐ Every ____ hrs ☐ Every ____ days ☐ Other:

PRN (as needed)

☐ Yes ☐ No If yes, reason:

Start Date

Stop Date

Max PRN Frequency

Valid for the current school year through the stop date above unless renewed by prescriber.

Special Instructions

Possible Side Effects

If These Occur, Take the Following Action

Storage ☐ Room Temp ☐ Refrigerate ☐ Other:

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Self-Carry / Self-Administration - If Applicable

☐ Student may self-carry this medication.

☐ Student may self-administer this medication at school/program.

Prescriber attests student has been trained/evaluated and is competent to carry/administer: ☐ Yes ☐ No

This self-carry/self-administer authorization is valid for the current school year only and must be renewed annually.

Parent/Guardian Consent & Authorization

By signing this form, I confirm I understand my child's condition and the treatment plan above, and I voluntarily authorize:

☐ Designated, trained staff at the school/program named above to administer this medication to my child exactly as ordered, and to store it appropriately.

☐ Jellybean Pediatrics and the school/program's health office to exchange information about this medication order with one another (a limited HIPAA/FERPA release for care coordination).

Consent is voluntary and may be withdrawn in writing at any time; withdrawal does not affect care already provided.

This order and consent are valid for the current school year unless otherwise noted above and must be renewed annually.

Prescriber Authorization

Prescriber Name (Print) | **License #** | **NPI #**

Office Phone | **Fax** | **Date** | **Signature**

Parent / Guardian Authorization

Parent / Guardian Name (Print)

Phone Number | **Email** | **Date**

Signature | **Emergency Contact (if different)** | **Phone**

For School / Program Use Only

Quantity Received | **Expiration Date** | **Received By (Name/Title)** | **Date Received**

Quantity Remaining | **Returned By (Name/Title)** | **Date Returned** | **Notes**

For use when a school/camp/program has no form of its own. Attach condition-specific plans (asthma, allergy/anaphylaxis) when applicable.