

Medication Administration Record for 2011-2012 School Year

I request the nurse or designated school staff to give:

Name of Student: _____ Date of Birth: _____ Grade: _____ Teacher: _____
 Medication name & strength: _____ Label Instructions: _____ Time(s) to be given: _____
 _____ Over-the-counter or Pharmacy and RX# _____ Initial amount received _____ Expiration date: _____
 For treatment of: _____ Prescribing Physician: _____ Date to begin: _____ Date to be picked up/discarded: _____
 Special instructions: ___refrigerate ___spacer ___other: _____ Parent/guardian email: _____
 Parent/Guardian Signature: _____ Date: _____ Home Ph: _____ Work Ph: _____ Cell Ph: _____

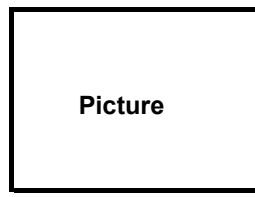
***Above signature by parent/guardian to also serve as authorization to discuss medication/health with prescribing physician.**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Aug.																														
Sep.																								NS						
Oct.																										NS				
Nov.											NS													NS						
Dec.									NS																					
Jan.												NS																		
Feb.																	NS													
Mar.																														
Apr.																					NS									
May																														
Jun.	D																													

Codes: A = Absent N = None Available R = Refused
 D = Early Dismissal NR = No recess W = Withheld
 DC = Discontinued NS = No School = Weekend/Holiday
 F = Field Trip PG = Parent Gave * = See Nurses Notes

Name of Person Administering Medication	Initial
_____	_____
_____	_____
_____	_____
_____	_____

Physician's orders received on _____



(Additional inventory recorded on back)

