MEDICATION ADMINSITRATION RECORD

Student Name:				School Year:	Grade:	Room:
Date of Birth:		Physician:		Physician Phone Number:		
Initials	School Nurse	Initials	School Nurse	Initials	School Nurse	

Dr order _____(date) MEDICATION:_____ Dose:_____

Parent Signature _____(date)

Medication _____(date)

Month		Hour	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	31
July																																	
Aug																																	
Sept																																	
Oct																																	
Nov																																	
Dec																																	
Jan.																																	
Feb																																	
March																																	
April																																	
May																																	
June																																	

X - No School N/S - No show H - Half day A - Absent NM- No medication F - Field trip SR - Student refused ; parent notified

Use the following key for days medication is not given: