

MEDICATION ADMINISTRATION RECORD

Program Name: _____ School Year: _____
 Student Name: _____ Date of Birth: _____ Grade: _____
 Medication Name: _____ Dosage: _____ Route: _____
 Directions (# taken; time taken; time between doses; length of time to take): _____
 _____ Date medication administration starts: _____

	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
Aug																															
Sept																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
June																															
July																															

SIGNATURE CODE	
Initials: _____	Signature: _____
Initials: _____	Signature: _____
Initials: _____	Signature: _____
Initials: _____	Signature: _____
Initials: _____	Signature: _____

CODES	
WE: Weekend	F: Field trip
H: Holiday	D: Early dismissal
A: Absent	W: Dose withheld
N: None available	O: No show
L: Late start	Other: Explain on back

Medication Received – Signed IN/OUT – Medication Returned

Date	Medication Name and Dosage	Amount Received (# pills/devices)	Amount Given (# pills/devices)	Employee Signature	Parent/Guardian or Employee Signature	Code for Reason

CODES FOR EXCHANGE OF MEDICATION

I: Medication received into school
 F: Field Trip – medication given to teacher for administration
 D: Medication discontinued and returned to parent/guardian
 E: End of school year and medication returned to parent/guardian
 X: Medication discarded/destroyed
 O: _____

Medication Count for Controlled (Narcotic) Medications

Date	# of Meds	Difference	Two Initial/Sign	Date	# of Meds	Difference	Two Initial/Sign	Date	# of Meds	Difference	Two Initial/Sign

Initial _____ Signature _____ Initial _____ Signature _____
 Initial _____ Signature _____ Initial _____ Signature _____