RECORD OF THE ADMINISTRATION OF MEDICATION

| Name of S | tudent: | | | |
|---|-----------------|------------------------|---|----------|
| Parent's Phone Number: | | | Grade: | |
| Medication | ı: | | | |
| Date to Begin: | | | Date to End: | |
| Dosage: Method: | | Method: | Time: | |
| Prescriber | or person autho | orizing administ | ration: | |
| Phone #1: | | | Phone #2: | |
| Possible A | dverse Reactio | n: | | |
| Person(s) Authorized Administer Medication | r | | | |
| Date <u>Given</u> | <u>Time</u> | Dosage <u>Given</u> | Signature of Employee Administering Medication and Title/Position | Comments |
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