

# MEDICATION ADMINISTRATION RECORD

## North Pekin/Marquette Heights School District 102

**PARENT OR GUARDIAN, PLEASE COMPLETE THE TOP PORTION OF THIS FORM:**

I request the designated school staff member to give:

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

For Treatment of: \_\_\_\_\_

Exact Dosage: \_\_\_\_\_

Time: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Work Phone Number

RETURN THIS FORM WITH THE PROPERLY LABELED MEDICATION TO THE SCHOOL OFFICE.

Record of Prescribed Medication Administered:

	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	■						■	■						■	■					T	T	■	■					■	■		
Sep				■	■	H					■	■						■	■						■	■					■
Oct		■	■						■	■	H				■	■							■	■					C	C	
Nov						■	■				H			■	■									H	H	H		■	■		
Dec				■	■						■	■											H	H			■	■	H	H	H
Jan	■	■	H					■	■					■	■	H							■	■					■	■	
Feb					■	■						■	■									H				■	■			■	
Mar																												H	H	H	H
Apr	H	■	■						■	■					■	■						H	■	■					■	■	
May	■						■	■						■	■											T		■	■	H	
June				■	■							■	■												■	■				■	

Initials Name of Person Administering Medicine: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CODES: A = Absent  
 C = Conferences  
 D = Early Dismissal  
 F = Field Trip  
 H = Holiday  
 T = Teachers' Institute

N = None Available  
 O = No Show  
 W = Dose Withheld  
 X = Weekend