

MEDICATION ADMINISTRATION RECORD

North Pekin/Marquette Heights School District 102

2018-2019

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: _____

Physician Signature

Parent/Guardian Signature

Home Phone Number

Work Phone Number

Date

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																															
Nov			C																												
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
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**