

# MEDICATION ADMINISTRATION RECORD

**North Pekin/Marquette Heights School District 102**

**2023-2024**

**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
<b>Aug</b>															T	T															
<b>Sep</b>				H																											
<b>Oct</b>										H																					
<b>Nov</b>			C																				H	H	H						
<b>Dec</b>																							H				H	H	H	H	H
<b>Jan</b>	H	H	H	H	H											H															
<b>Feb</b>																															
<b>Mar</b>																															H
<b>Apr</b>	H	H	H	H	H																										
<b>May</b>																															
<b>June</b>																															

**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