MEDICATION ADMINISTRATION RECORD

North Pekin/Marquette Heights School District 102

2026-2027

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												H																	C	
Nov																									H	H	H				
Dec																					H	H	H	H	H			H	H	H	H
Jan	H			T														H													
Feb												H			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