

# MEDICATION ADMINISTRATION RECORD

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

**2025-2026**

**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
Jan	H	H			T														H												
Feb																H															
Mar																														H	H
Apr	H	H	H			H																									
May	X							X							X							X			H			T	X		
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