

## **MEDICATION ADMINISTRATION RECORD**

Student Name: DC										B:							
Medication I	Nam	e:								Dose	e:						
	Oral Inhal	☐ Topical (skin, eyes, ears) ed (nose, mouth) ☐ Other					Time/Freque	ncy:			1		•				
INVENTORY																	
[Counts must be witnessed for anti-seizure medications, psychotropic medications, sedatives, narcotics or any controlled substances]																	
Count in: Date:						Sign	ature:			Witness:							
Count out: Date:					Sign	ature:			Witness:								
Count in:		Date:			Sig		ature:			Witness:							
Count out:			Date:			Sign	Signature:		Witness			ess:	:				
Count in:	in:		Date:				ature:			Witness:							
Count out:	out: Date:				Signature:			Wit			Nitne	ess					
Trained	Trained Nam						Sign			ture:					Initials:		
Medication Name		e:					Sig	natu	ature:				Initials:				
Personnel or Name		e:			Sig			natu	ture:					Initials			
<b>Licensed</b> Name		e:						natu	iture:					Initials			
Staff: Name			e:			Sign			natı	ture:							
							•										
Month:							*Codes A=Absent			Mont	h:				_		
Day: M		M	Т	W	Th F		W=Withheld				D	ay:	M	Т	W	Th	F
Week dates:						DW= Dose wast NS= No show	ed		Week	dates	:						
							DM=Dose misse	d									
							NM=No meds at school R= Refused		ol –								
							H=Holiday										
				NS=No school LA= Late Arrival													
							ED=Early Dismissal;										
							S=Suspension										
							<u> </u> 										
Month:										Month:					1		
Da	y:	M	T	W	Th	F					D	ay:	M	Т	W	Th	F
Week dates:										Week dates:							
							1										
							-										
							-							-			1
							-										

Initial each dose administered, \*code each dose missed. Complete Medication Incident Report for errors and record discrepancies or under "Remarks".

Month:						M	lonth:					
Day:		Т	W	Th	F	ent :hheld	Day:	М	Т	W	Th	F
Week dates:	M					ose wasted W	/eek dates:					
						o show ose missed						
						o meds at school						
						day						
						school te Arrival						
						rly Dismissal;						
						ension						
Month:						M	lonth:		<u> </u>		I	
Day:		Т	W	Th	F		Day:	М	Т	W	Th	F
Week dates:	M					W	/eek dates:					
Month:	_	_	_	_	_	М	lonth:			1	1	
Day:	М	Т	W	Th	F		Day:	М	Т	W	Th	F
Week dates:						W	eek dates:					
									1			
Remarks:												
	.					ı						
Reviewed by RN	۷:						Date:					
Start Date:						Stop Date:						
Reason for stop  Other:	ping r	medica	tion:	Chan	ge in R	ondition resolved	End of school	year [	St	udent t	ransfer	red
Student Name:							DOB:					