MOLALLA RIVER SCHOOL DISTRICT

MEDICATION ADMINISTRATION RECORD

Student Name:		DOB:	
Medication Name:		Dose:	

Route ☐ Oral ☐ Topical (skin, eyes, ears) ☐ Inhaled (nose, mouth) ☐ Other | Time/Frequency:

INVENTORY
[Counts must be witnessed for anti-seizure medications, psychotropic medications, sedatives, narcotics or any controlled substances]

Count in:		Date:		Signature:		Witness:	
Count out:		Date:		Signature:		Witness:	
Count in:		Date:		Signature:		Witness:	
Count out:		Date:		Signature:		Witness:	
Count in:		Date:		Signature:		Witness:	
Count out:		Date:		Signature:		Witness	

Trained Medication Personnel or Licensed Staff:	Name:		Signature:		Initials:	
	Name:		Signature:		Initials:	
	Name:		Signature:		Initials	
	Name:		Signature:		Initials	
	Name:		Signature:			

Month: _____

Day:	M	T	W	Th	F
Week dates:					

*Codes
A=Absent
W=Withheld
DW= Dose wasted
NS= No show
DM=Dose missed
NM=No meds at school
R= Refused
H=Holiday
NS=No school
LA= Late Arrival
ED=Early Dismissal;
S=Suspension

Month: _____

Day:	M	T	W	Th	F
Week dates:					

Month: _____

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Week dates:					

Month: _____

Day:	M	T	W	Th	F
Week dates:					

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

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Remarks:

Reviewed by RN: _____ Date: _____

Start Date: _____ Stop Date: _____

Reason for stopping medication: ☐ Change in Rx ☐ Condition resolved ☐ End of school year ☐ Student transferred
☐ Other:

Student Name: _____ DOB: _____