

Policy Title: **Record of the Administration of Medication to Students**

Policy #506.5E4

Name of Student: _____

Parents' Phone Number: _____ Grade _____

Medication: _____

Date to Begin: _____ Date to End: _____

Dosage: _____ Method: _____ Time: _____

Prescriber or person authorizing
administration: _____

Phone #1: _____ Phone #2: _____

Possible Adverse Reaction: _____

Person(s)
Authorized to
Administer
Medication: _____

<u>Date Given</u>	<u>Time</u>	<u>Dosage Given</u>	<u>Signature of Employee Administering Medication and Title/Position</u>	<u>Comments</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Approved: 03/15/04

Reviewed: 12/22/08; 12/18/13