



24-25 Medication Administration Record

School: _____

Student: _____ DOB: _____ Grade: _____

Allergies: _____ Height: _____ Weight: _____

Medication: _____ Dose: _____ Route: _____

Administration Time(s): _____ Begin Date: _____ End Date: _____

	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
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AB – Absent **E** – Early Dismissal **FT** – Field Trip **M** – Missed Dose **OOM** – Out of Medicine **R** – Refused **W** - Withheld **X** – School Closed

Notes:

Signature /Title

Initials

Signature/Title

Initials

RCSD does not administer any medications without a written prescription and signed consent by a parent / guardian. RCSD will not provide any medications to student. It is the responsibility of the parent/guardian to provide RCSD with the medications needed.