



## SCHOOL MEDICATION ADMINISTRATION RECORD (For Office Use Only)

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Allergies: \_\_\_\_\_ Year: **2020-21**

Medication (one per form): \_\_\_\_\_ Reason for Med: \_\_\_\_\_ Dose: \_\_\_\_\_ Time(s): \_\_\_\_\_ Route: \_\_\_\_\_

Instructions: \_\_\_\_\_  Prescription Daily Med  Prescription As Needed Med  OTC  Inhaler Physician Name/Phone: \_\_\_\_\_

**Initial immediately after each medication administration in the box corresponding to the date given.**

	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
<b>Aug</b>																															
<b>Sept</b>																															
<b>Oct</b>																															
<b>Nov</b>																															
<b>Dec</b>																															
<b>Jan</b>																															
<b>Feb</b>																															
<b>March</b>																															
<b>April</b>																															
<b>May</b>																															

PERSON(S) ADMINISTERING MEDICATION	
Signature	Initials
_____	_____
_____	_____
_____	_____
_____	_____

Legend	
<b>A</b> =Absent	<b>M</b> =Missed Dose
<b>B</b> =Begin Med	<b>NA</b> =None Available
<b>D</b> =Discontinued	<b>NS</b> =No show
<b>E</b> =Early Dismissal	<b>R</b> =Refused
<b>F</b> =Field Trip	<b>X</b> =No School or Holiday
<b>H</b> =Hold	

Six Rights of Safe Medication Administration
Right Patient
Right Medication
Right Route
Right Time
Right Dosage
Right Documentation



**MEDICATION VERIFICATION AND CHECK-IN**

<b>DATE</b>	<b>NAME OF MEDICATION</b>	<b>STRENGTH OR DOSAGE</b>	<b>Number of Medication Received (Verified by Counting)</b>	<b>PARENT/GUARDIAN SIGNATURE</b>	<b>SCHOOL EMPLOYEE SIGNATURE (VERIFYING COUNT)</b>

**MEDICATION COUNT AUDIT**

<b>DATE</b>	<b>NUMBER OF MEDICATION (VERIFIED BY COUNTING)</b>	<b>COUNTY OFFICE AUDITOR SIGNATURE</b>	<b>SCHOOL EMPLOYEE (WITNESS) SIGNATURE</b>	<b>NOTES (DISCREPANCIES)</b>

**NOTES (DOCUMENT IF DOSE IS MISSED)**

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