

**MEDICATION RECORD ADMINISTRATION**

AF6720-B

SCHOOL YEAR \_\_\_\_\_ SCHOOL \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

MEDICATION / PROCEDURE \_\_\_\_\_ DOSE \_\_\_\_\_ TIME \_\_\_\_\_

FROM: \_\_\_\_\_ 20 \_\_\_\_\_ TO: \_\_\_\_\_ 20 \_\_\_\_\_

See "PRESCRIPTION & AUTHORIZATION FOR MEDICATION ADMINISTRATION" or "AUTHORIZATION FOR ADMINISTRATION OF SPECIALIZED HEALTH CARE PROCEDURES." Attach this to that appropriate form for instruction and reference.

	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
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER																															
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															

\* See Comments on Back Ab=Absent Re=Refused Ns=No Show Dc=Discontinued Ch=Changed Ho=Holiday Ft=Field Trip OOM=Out of Medication  
Ed=Early Dismissal

INITIALS	NAME	INITIALS	NAME

DATE	COMMENTS

DATE	COMMENTS