

DAILY MEDICATION ADMINISTRATION RECORD
USD 506

Student: _____ School Year: _____ School: _____
 Date of Birth: _____ Teacher: _____ Diagnosis: _____
 Medication/Dose: _____ Route: _____ Date/Time: _____
 Parent Name: _____ Physician: _____
 Parent Phone: _____ Physician Phone: _____
 Side Effects: _____ Comments: _____

Please put the time and your initials in the appropriate box.

	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																															
July																															

Medication Count (Date/Count)

Initials

Name

Codes

X: Weekend/No School
 N: None Available
 O: No Show
 E: Early Dismissal
 A: Absent
 W: Dose Withheld

PERMISSION FOR MEDICATION

Name of Student: _____ Grade: _____

Teacher: _____ School: _____

Medication: _____ Dosage: _____

Medication Start Date: _____ Stop Date: _____

Time of Day Medication is to be Given: _____

Potential Reactions to Medication: _____

Comments: _____

Signature of Parent/Guardian-Required

Date

Signature of Physician-Optional

Date



I hereby give my permission for _____ to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers any drug to my child in accordance with written instructions from the physician or dentist or parent shall not be liable for damages as a result of an adverse drug reactions suffered by my child as a result of administering such drug. I understand responsibility for transporting medication to and from school and any necessary refills with the child and parent.

Signature of Parent/Guardian

Date

*NOTE: The medication is to be brought to school in the original container appropriately labeled by the pharmacy or physician stating the name of the medication, the dosage, and times to be administered.