



# 25-26 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

<sup>1</sup>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.