SAP # 1230

Houston Independent School District
Health and Medical Services

Medication/Treatment Administration Record

Student: _____ ID#: _____ School: _____

Physician: _____ DOB: _____ Grade: _____

❑ Employee(s) designated and trained to administer medication.
Employee(s) Name(s): _____

I.

Medication, Treatment or Procedure	Time/Frequency	Dosage or Amount	Possible effects on learning or physical functioning

II.

Medication/ Treatment		Administered by	Comments	Medication/ Treatment		Administered by	Comments
Date	Time	Signature		Date	Time	Signature	

Student: _____ ID#: _____ DOB: _____

Medication/ Treatment		Administered by	Comments	Medication/ Treatment		Administered by	Comments
Date	Time	Signature		Date	Time	Signature	

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