Southington School Health Services
Southington, Connecticut

Medication Administration Record/Plan

Student: Grade/Room:

Diagnosis/Condition:

Prescriber: Pharmacy: RX number:

Rec'd from: Date: Rec'd by: Quantity:

Drug Name:	**Form:**	**Dose:**
Time:	**Route:**	
Dates Administered From:	**To:**	

Student Allergies: Controlled Medication: ▯ Yes ▯ No

Side Effects of Medication to be Observed:

Self-Administer: ▯ NO ▯ YES ▯ If yes, student *Medication Self-Administration Assessment and Contract* reviewed/signed.

Storage Location: ▯ Health Office ▯ Classroom ▯ With Student (S/A = self-administration)

Field Trip Plan: Medication given on field trips by: ▯ assigned teacher trained in medication admin. ▯ student (S/A) ▯ N/A

Medication Administration Plan (M.A.P) Comments:

Medication Emergency Plan: Call 911 if epinephrine injection (EpiPen) administered, for an adverse effect from this medication or any health emergency (land line phone preferred). Call Poison Control at 1-800-222-1222 for a poison or ingestion emergency.

_____RN _____ _____ _____ _____ _____
RN M.A.P. Signature *Date* *Parent/Guardian Signature* *Date* *Student Signature (when applicable)* *Date*

Date	Time	Medication and Dosage	Comments	Controlled Drug Amt. Remaining	Legal Signature

Date	Time	Medication and Dosage	Comments	Controlled Drug Amt. Remaining	Legal Signature