

STUDENT MEDICATION ADMINISTRATION RECORD										SCHOOL YEAR 2026-2027										SCHEDULED ☐ PRN ☐						
Student Name:				Student ID #:				DOB:				Allergies:				Total Meds Given	Med Count Complete Date & Initial									
Medication:				Strength:				Dosage:				Time to Give:														
Month																										
1 2 6 7 8 9 13																										
JUL 26	TIME																									
	INITIAL																									
JUL 26	TIME																									
	INITIAL																									
Month										1 2 3 7 8 9 10 14 15 16 17 21 22 23 24 28 29 30																
JUN 27	TIME																									
	INITIAL																									
JUN 27	TIME																									
	INITIAL																									
TOTAL MEDS GIVEN																										
Medication Codes: A = Absent, O = Out of Med, R = Refused, NS = No Show, W = Withheld, C = Comment on Clinic Note, F = On Field Trip, No Med, FT = Field Trip - Teacher Administered, E = Early Release																										
INITIAL	PRINT NAME				SIGNATURE/TITLE				INITIAL	PRINT NAME				SIGNATURE/TITLE				INITIAL	PRINT NAME				SIGNATURE/TITLE			