

CCSD MEDICATION ADMINISTRATION RECORD

(One Record per Medication)

STUDENT		PARENT				SCHOOL YEAR		SCHOOL			
						26-27					
MEDICATION (include mg, etc.)		NUMBER OF PILLS TO BE ADMINISTERED		ROUTE (oral, injection)		TIME(s) GIVEN		COMMENTS			
Date of Medication Intake											Audit Date
Time of Medication Intake											# Taken In
COUNT: Enter # pills on hand in front of + or after -. Add # new pills after +. Ex: (3+20=23)		+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	# Given
		=	=	=	=	=	=	=	=	=	
INITIALS Employee 1 (Staff must sign back page)											# Pills
INITIALS Employee 2 (Staff must sign back page)											Difference
INITIALS Parent/Guardian (Parent must sign/initial below)											RN Initials
Date of Medication Intake											Audit Date
Time of Medication Intake											# Taken In
COUNT: Enter # pills on hand in front of + or after -. Add # new pills after +. Ex: (3+20=23)		+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	# Given
		=	=	=	=	=	=	=	=	=	
INITIALS Employee 1 (Staff must sign back page)											# Pills
INITIALS Employee 2 (Staff must sign back page)											Difference
INITIALS Parent/Guardian (Parent must initial/Sign below)											RN Initials

Parent Signature for Medication Drop-Off/Pick-Up (REQUIRED): _____

Parent Initials: _____ ***Parent Signature Required Only Once Per Year*** **Date:** _____

MEDICATION ADMINISTRATION RECORD

August					September					October					November				
3	4	5	6	7		1	2	3	4				1	2		2	3	5	6
10	11	12	13	14	7	8	9	10	11	5	6	7	8	9	9	10	11	12	13
17	18	19	20	21	14	15	16	17	18	12	13	14	15	16	16	17	18	19	20
24	25	26	27	28	21	22	23	24	25	19	20	21	22	23	23	24	25	26	27
31					28	29	30			26	27	28	29	30	30				

NOTES:

NOTES:

December					January					February					March				
	1	2	3	4					1						1	2	3	4	5
7	8	9	10	11	4	5	6	7	8	1	2	3	4	5	8	9	10	11	12
14	15	16	17	18	11	12	13	14	15	8	9	10	11	12	15	16	17	18	19
21	22	23	24	25	18	19	20	21	22	15	16	17	18	19	22	23	24	25	26
28	29	30	31		25	26	27	28	29	22	23	24	25	26	29	30	31		

April					May					June					July				
			1	2	3	4	5	6	7		1	2	3	4				1	2
5	6	7	8	9	10	11	12	13	14	7	8	9	10	11	5	6	7	8	9
12	13	14	15	16	17	18	19	20	21	14	15	16	17	18	12	13	14	15	16
19	20	21	22	23	24	25	26	27	28	21	22	23	24	25	19	20	21	22	23
26	27	28	29	30	31					28	29	30			26	27	28	29	30

CODES: Designated staff initials=Given, X=No School, A=Absent, U=No Med Available, R=Refused, PC=Parent Called/Notified, NS=No Show

STAFF TO ADMINISTER

Staff Name	Signature	Initials	Date Trained

Official Use Only: School Nurse to Complete

Date Form Completed:

School Nurse Name	Signature	Initials

RN Med Intake Verification Initials & Date
