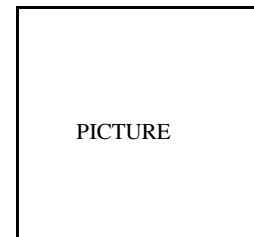


Medication Administration Record for 2021-2022 School Year

Separate form needed for additional doses and/or times



I request the nurse or designated school staff to give:

Name: _____ Date of Birth: _____ Grade: _____ Teacher: _____ Time to be given: _____

Medication name & strength: _____ Label Instructions: _____

Date to begin: _____ Date to end: _____ For treatment of: _____ Prescriber: _____

Parent/Guardian Signature: _____ Date: _____ Phone(s): _____ Email: _____

*Above signature by parent/guardian to also serve as authorization to discuss medication/health with prescribing physician.

**Monthly
Inventory
Count**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	# given	# on hand					
Aug.																																						
Sep.						NS																																
Oct.																						NS																
Nov.	NS	NS																							NS	NS	NS											
Dec.																							NS	NS					NS	NS	NS	NS	NS					
Jan.			NS														NS																					
Feb.																						NS																
Mar.											NS				NS	NS	NS	NS	NS																			
Apr.															NS																							
May																																						

- Codes:**
- | | | |
|---------------------|--------------------|---|
| A = Absent | N = None Available | R = Refused |
| D = Early Dismissal | NP = No PE | W = Withheld |
| DC = Discontinued | NR = No recess | = Weekend/Holiday |
| EOY = End of Year | NS = No School | * = See Nurses Notes |
| F = Field Trip | PG = Parent Gave | ** = Last day of school could be as early as May 20 |

Signature of Person Administering Medication

Initial

School Medication Administration Authorization Form faxed on _____
 School Medication Administration Authorization Form received on _____

Inventory record on back