# Medication Administration Record for 2020-2021 School Year

**Separate form needed for additional doses and/or times**

PICTURE

**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.**

| | 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 | Monthly Inventory Count # given | # on hand |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Aug. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep. | | | | | | | NS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct. | | | | | | | | | | | | | | | | | | | | | | | NS | | | | | | | | | | |
| Nov. | | | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | | | | | | | | | | | | | | | | | | | | ** | | | | | | | | | | | NS | | |

**Codes:**

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

**Inventory record on back**