

Individual Student Record of Administered Medication

Student Information

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

OEN: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_ Contact Number: \_\_\_\_\_

Medication Information

Name of Medication: \_\_\_\_\_ Amount to be Given (e.g., mg): \_\_\_\_\_

Times of Administration: \_\_\_\_\_ Duration of Administration: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Date Medication Received by School: \_\_\_\_\_ Date Returns to Parent: \_\_\_\_\_

For the Month of: \_\_\_\_\_

When Administering Medication

1. Check name and information on the container and information sheet.

2. Second person confirmation of dosage amount.

3. Note refusal or discontinuation under "Comments".

4. Submit to Main Office File at month's end.

5. Notify Parent or Guardian immediately if adverse reaction occurs and document under "Comments".

Medication Log

Date	Time	Signature of Person Administering	Signature of Person Confirming Dosage	Comments