Code No. 507.2E3

# RECORD OF THE ADMINISTRATION OF MEDICATION

Name of Student: _____

Parents' Phone Number: _____ Grade: _____

Medication: _____

Date to Begin: _____ Date to End: _____

Dosage: _____ Method: _____ Time: _____

Prescriber or person authorizing administration: _____

Phone #1: _____ Phone #2: _____

Possible Adverse Reaction: _____

_____

Person(s) Authorized to Administer Medication:. _____

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| Date Given | Time | Dosage Given | Signature of Employee Administering Medication and Title/Position | Comments |
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