

Medication Administration Record

Please initial each entry. Record time medication given or use code if not given: **A**-Absent; **R**-Refused and Parent Notified; **E.D.**- not given due to Early Dismissal

Student's Name: _____ D.O.B. _____ School: _____ Grade: _____

Month/Year _____

Medication/ Dose	Day/Hour (7am to 6pm) Initials																															
	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	

RESCIND

Staff Signature		Initials	

Medication Administration Record Monthly Review (to be done by nurse): _____ **Date reviewed** _____