MEDICATION ADMINISTRATION CARD

Student Name: _____

Current Grade: _____ Date of Birth: _____

Medication Name: _____

Dosing: _____ Time(s) given: _____

If given as needed, please list symptoms when needed: _____

_____

Other notes: _____

_____

Parent Signature : _____

Date: _____ Date to be discontinued: _____

MEDICATION ADMINISTRATION LOG

Date/Time					
Initials					

Date/Time					
Initials					

Date/Time					
Initials					

Date/Time					
Initials					