

SAMPLE

EMERGENCY MEDICATION ADMINISTRATION RECORD

*Review Emergency Care Plan*

Student's Name \_\_\_\_\_ Medication \_\_\_\_\_ Dose \_\_\_\_\_

Time to be given \_\_\_\_\_ Year \_\_\_\_\_ School \_\_\_\_\_

Uses Spacer: Yes ☐ No ☐ Expiration Date: \_\_\_\_\_ Can Self Administer: Yes ☐ No ☐ Medication kept: With Student ☐  
Office ☐  
Both ☐

PERSON GIVING MEDICATION: Initial in appropriate box below, note time it was given and sign full name and initials below

Month	Day																														
	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
AUG																															
SEPT																															
OCT																															
NOV																															
DEC																															
JAN																															
FEB																															
MARCH																															
APRIL																															
MAY																															
JUNE																															
JULY																															

FULL NAME & INITIAL OF PERSONS 1. \_\_\_\_\_ 3. \_\_\_\_\_

GIVING THE MEDICATION. 2. \_\_\_\_\_ 4. \_\_\_\_\_