

SAMPLE

MEDICATION ADMINISTRATION RECORD

This record must be retained for eight (8) years

STUDENT NAME _____ BIRTHDATE _____ GRADE _____

NAME OF MEDICATION _____ DOSAGE _____ TIME _____

[illegible]

INITIALS _____ SIGNATURE _____

INITIALS _____ SIGNATURE _____

INITIALS _____ SIGNATURE _____

INITIALS _____ SIGNATURE _____