

### MEDICATION ADMINISTRATION RECORD

LEARNER NAME \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_ CLASS/TEACHER \_\_\_\_\_

MEDICATION \_\_\_\_\_ DOSE \_\_\_\_\_ TIME \_\_\_\_\_

START DATE \_\_\_\_\_ 20 \_\_\_\_\_ END DATE \_\_\_\_\_ 20 \_\_\_\_\_

	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
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER																															
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															
JULY																															

Ab=Absent / Dc=Discontinued / Ft=Field Trip / Np=No Pills / Ns=No Show / Re=Refused / Pp=Parent Permission / Ho=Holiday / Ed=Early Dismissal / Ls= Late Start  
 \* See Comments on Back

INITIALS	NAME	INITIALS	NAME

**Medication refills:** (same med/dose/direction)

DATE / INITIALS	PILL COUNT	DATE / INITIALS	PILL COUNT	DATE / INITIALS	PILL COUNT	DATE / INITIALS	PILL COUNT

DATE/TIME	COMMENTS	INITIALS