Administering Medications – Administration Record Form

* To be filled out each time intervention/treatment is administered – File in student's file (school office) at month end

Month: _____ **Year:** _____ **School:** _____ **Grade:** _____

Student Name: _____ **Birthdate:** _____
Address: _____ **Expiry of Medication:** _____
_____
Phone: _____ **Other Contact Number:** _____
ID Number: _____

Date	Time	Medication	Dosage	Administered By	Unusual Circumstances/ Observations