2010-2011

RX MEDICATION ADMINISTRATION

Student's Name_____ DOB_____ Grade_____

Name of Medication_____

Dosage_____ Time to be given_____

1. ___Parent Signature on file.
2. ___Physician/dentist instructions and signature on file.
3. ___Medication in original container.
4. Initials & signature of each individual administering the medication:

Init.	Signature	Init.	Signature
_____	_____	_____	_____

DISPENSING RECORD

Date	Time	Medication	Dose	Initials

DISPENSING RECORD 2008-2009 *(continued)*

Date	Time	Medication	Dose	Initials