



**Medication Administration Record**  
**School Year 2021-2022**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

School: \_\_\_\_\_ Allergies: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Route:  by mouth:  inhaled:  injection:  other \_\_\_\_\_ Specific Time: \_\_\_\_\_ AM \_\_\_\_\_ PM

Reason to be given: \_\_\_\_\_ Special instructions: \_\_\_\_\_

Date	Prescription Number (or Note OTC)	Medication Expiration Date	# Received	Pills are whole(W) or half (H) (Circle one)	Liquided	Parent Signature	Staff Signature
				W H			
				W H			
				W H			
				W H			
				W H			
				W H			
				W H			
				W H			
				W H			
				W H			

Signature of Staff administering medication	Initials	Title	Signature of Staff administering medication	Initials	Title

Medication Picked Up Date: \_\_\_\_\_ Total Count of Medication Picked Up: \_\_\_\_\_  
 Parent Signature: \_\_\_\_\_ Staff signature: \_\_\_\_\_

Medication Picked Up Date: \_\_\_\_\_ Total Count of Medication Picked Up: \_\_\_\_\_  
 Parent Signature: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Medication Destroyed Date: \_\_\_\_\_ Total Count of Medication Destroyed: \_\_\_\_\_  
 Staff Signature: \_\_\_\_\_ Staff Signature (witness): \_\_\_\_\_

Medication Confiscated Date: \_\_\_\_\_ Total Count of Medication Confiscated: \_\_\_\_\_  
 Staff Signature: \_\_\_\_\_ Staff Signature (witness): \_\_\_\_\_

“White out” should **NEVER** be used on this Document.

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Specific Time: \_\_\_\_\_

**AB- Absent NS- No Show SR- Student Refused NM- No Medication \*= Early Release Day F=FOCUS** (DCPS Nurse/SHA)

\*\*When you administer medication **write the time and your initials, or the corresponding code indicated above** in the box;  
 If the dose has a range also write the **dose given\*\***  
 "White out" should **NEVER** be used on this document

Dates	Monday	Tuesday	Wednesday	Thursday	Friday
8/9/21 - 8/13/21	Planning				
8/16/21 - 8/20/21					
8/23/21 - 8/27/21			*		
8/30/21 - 9/03/21					
9/06/21 - 9/10/21	School Closed				
9/13/21 - 9/17/21					
9/20/21 - 9/24/21					
9/27/21 - 10/01/21			*		
10/04/21 - 10/08/21					
10/11/21 - 10/15/21	Planning				
10/18/21 - 10/22/21					
10/25/21 - 10/29/21			*		
11/01/21 - 11/05/21					
11/08/21 - 11/12/21				School Closed	Weather
11/15/21 - 11/19/21			*		
11/22/21 - 11/26/21			School Closed	School Closed	School Closed
11/29/21 - 12/03/21					
12/06/21 - 12/10/21					
12/13/21 - 12/17/21			*		
12/20/21 - 12/24/21	School Closed	School Closed	School Closed	School Closed	School Closed
12/27/21 - 12/31/21	School Closed	School Closed	School Closed	School Closed	School Closed
1/03/22 - 1/07/22	Planning				
1/10/22 - 1/14/22					Weather
1/17/22 - 1/21/22	School Closed				
1/24/22 - 1/28/22			*		
1/31/22 - 2/04/22					
2/07/22 - 2/11/22					
2/14/22 - 2/18/22					
2/21/22 - 2/25/22	School Closed		*		
2/28/22 - 3/04/22					
3/07/22 - 3/11/22					Planning
3/14/22 - 3/18/22	School Closed	School Closed	School Closed	School Closed	School Closed
3/21/22 - 3/25/22					
3/28/22 - 4/01/22			*		
4/04/22 - 4/08/22					
4/11/22 - 4/15/22					School Closed
4/18/22 - 4/22/22	Weather				
4/25/22 - 4/29/22			*		
5/02/22 - 5/06/22					
5/09/22 - 5/13/22					
5/16/22 - 5/20/22			*		
5/23/22 - 5/27/22					
5/30/22 - 6/03/22	School Closed	Weather	Weather	Planning	Planning



Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Time: \_\_\_\_\_

**Medication sign out for school activities**

<b>Date OUT</b>	<b>Medication count- OUT</b>	<b>Staff Signature OUT</b>	<b>Health Room Staff Signature OUT</b>	<b>Date Medication Returned</b>	<b>Medication count- Return</b>	<b>Staff Signature IN</b>	<b>Health Room Staff Signature IN</b>