



**Medication Administration Record**  
**School Year 2020-2021**

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