

STUDENT NAME: _____

MEDICATION SIDE EFFECTS OR SPECIAL INSTRUCTIONS: _____

DATE	MEDICATION	QUANTITY RECEIVED	QUANTITY RETURNED	PHARMACY	PRESCRIPTION #	INITIALS	DATE	WEEKLY COUNT	INITIALS
								1	
								2	
								3	
								4	
								5	
								6	
								7	
								8	
								9	
								10	
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								29	
								30	
								31	
								32	
								33	
								34	
								35	

PROGRESS NOTES/ COMMUNICATIONS

MUSTANG PUBLIC SCHOOLS 2017-2018

MEDICATION ADMINISTRATION RECORD

NAME OF STUDENT: _____ GRADE: _____ TEACHER _____ DATE OF BIRTH: _____ TIME TO GIVE MEDICATION _____ EXACT DOSAGE: _____

MEDICATION: _____ START DATE: _____ END DATE: _____ PURPOSE: _____ EXPIRATION DATE: _____

PRESCRIBING PHYSICIAN: _____ PHYSICIAN'S PHONE: _____ MEDICATION ALLERGY: _____

	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	
AUG					—	—						—	—	—	—	—				—	—					—	—					
SEP		—	—	H					—	—					PD	—	—	CD					—	—						—	—	
OCT	—						—	—							—	—		FB	FB	FB	—	—						—	—			
NOV				—	—						—	—						—	—	H	H	H	H	H	—	—						
DEC		—	—						—	—						—	—	H	H	H	H	H	—	—	H	H	H	H	H	—	—	
JAN	H	H				—	—						—	—	H					—	—						—	—				
FEB			—	—						—	—						—	—	PD					—	—					—	—	
MAR			—	—						—	—					SB	—	—	SB	SB	SB	SB	SB	—	—						—	
APR	—						—	—						—	—						—	—						—	—			—
MAY					—	—						—	—						—	—						—						

JUN 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

INITIAL PERSON ADMINISTERING MEDICINE INITIAL PERSON ADMINISTERING MEDICINE INITIAL PERSON ADMINISTERING MEDICINE

CODE: A=ABSENT NM=NO MEDICINE R=REFUSED D/C=DISCONTINUED H=HOLIDAY W=DOSE WITHHELD NS=NO SHOW SD=SNOW DAY IR=INDOOR RECESS FT=FIELD TRIP

I have received, read and understand the Mustang Public Schools medication policy. I give permission for the Mustang Public School staff to administer medication according to the directions. I give Permission for School Nurse to contact the Physician regarding the diagnosis related to the medication and for clarification of medications orders.

Parent/Guardian Signature _____ Date: _____ Phone Number: _____