



INDIVIDUAL MEDICATION RECORD

SCHOOL	STUDENT
_____	_____
MEDICATION	DOSAGE
_____	_____
METHOD	TIME(S)
_____	_____

INSTRUCTIONS FOR PERSON(S) ADMINISTERING THE MEDICATION

1. Attach the completed and signed "Administration of Prescribed Medication" form to this medication record.
2. Verify your initials *once* with a full signature on the reverse side of this record.
3. Do a 5-stage checklist before administering medication, i.e., that you have the *right*:
 - 1- STUDENT
 - 2- MEDICATION
 - 3- DOSAGE
 - 4- METHOD (e.g. oral)
 - 5- TIME
4. Every time the medication is administered:
 - Record the date and time,
 - Initial the fact that the medication was administered
 - Note absent, refused, missed, or discontinued if administration not done at prescribed time
 - Write any other comments you feel are relevant
5. Notify the parent/guardian when less than four day's supply of medication remains.

DATE/TIME	INITIAL	COMMENTS	DATE/TIME	INITIAL	COMMENTS