Medication Administered

| Student Name: | | | Date of Birth: | |
|------------------|------|--------|-----------------------------|-----------|
| Medication Name: | | | Dosage: | |
| Route: | | | Time(s) to administer: | |
| Date | Time | Dosage | Reactions Observed (If Any) | Signature |
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Administration is given by a trained school staff member to a student with a completed Medication Authorization form. Each administration of a medication to the student is to be noted in the student's record.