

MEDICATION ADMINISTRATION

(For recording purposes only)

- SIGN OFF SHEET

REMEMBER

RIGHT PERSON • RIGHT DRUG • RIGHT DOSE
RIGHT TIME • RIGHT ROUTE

INSERT
STUDENT
PHOTO
HERE

Instructions (table allows for students taking up to 3 medications, 3 times per school day)

- always follow instructions that appear on the pharmacy label on the medication container
- use black pen for all entries
- record name, route and dose of medication/s
- record time of day and initial in relevant box each time medication is administered
- use key when appropriate
- include any emergency medication administered.

KEY

- A** – Absent
- X** – No school
- N/S** – No Supply
- S/A** – Self Administration
- O** – Offsite
- P** – Parent
- R** – Student Refused

Student:											Date of Birth:											Class:										
Allergies:											Prescribing Health Practitioner:											Prescribing Health Practitioner Contact Details:										
Month:	Date																															
	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	
1. Name of Medication:																																
Route (eg oral):																																
Dose:																																
2. Name of Medication:																																
Route:																																
Dose:																																
3. Name of Medication:																																
Route:																																
Dose:																																