East Central Catholic Schools

Student Medication Administration Record

This form is to be attached to the "Authorization for the Administration of Medication" form (300-2) and is to be updated on each occasion that medication is administered to the student.

Student's Name:_____ Name of Medication: _____

Home Telephone:_____ Prescription Number: _____

Name of Physician: _____

Date of Administration	Time	Dosage	Monitored By	Comments *(Reactions, Breaks in Routine, Related Communication, Extenuating Circumstances, Related Incidents)*

Page:_____ of _____