Individual Student Medication Record

ATTACH STUDENT PHOTO

Student Name: _____ School Year: _____ D.O.B._____/_____/_____ Teacher: _____

Physician: _____ Phone#:_____ Parent: _____ Phone#:_____

Medication: _____ Dose: _____ Route: _____ Time: _____

Additional Comments: _____

	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 Initial																															
Code																															
Sept. Initial																															
Code																															
Oct. Initial																															
Code																															
Nov. Initial																															
Code																															
Dec. Initial																															
Code																															
Jan. Initial																															
Code																															
Feb. Initial																															
Code																															
Mar. Initial																															
Code																															
Apr. Initial																															
Code																															
May Initial																															
Code																															
June Initial																															
Code																															

CODES: **(X)** Weekend **(A)** Absent **(E)** Early Dismissal or Snow Day **(N)** No Medication Available **(M)** Medication Error or Incident **(P)** See Documentation Note on Back (#) Write the number of Meds Rcv'd

Date	Initial	Signature of Person Administering	Date	Initial	Signature of Person Administering

Student Medication Administration Documentation Record

	Comments/Documentation	Initial	Date/Time	Comments/Documentation	Initial

Please see page one of record for master signature to match initials

Amount of Meds returned to Parent:	Initial	Date	Parent Signature
Amount of Meds Disposed Of:	**Initial**	**Date**	**Witness**
Amount of Meds Turned Over to SRO/Local Law Enforcement:	**Initial**	**Date**	**Witness (SRO/Law Enforcement)**

The Five Rights to Medication Administration:

- The Right Student
- The Right Time
- The Right Medication
- The Right Dose
- The Right Route

A Medication Error Includes: ***(Complete form if this occurs)***

- Failure to administer a medication to a student
- Failure to administer medication within the designated time
- Failure to administer the correct dosage of Medication
- Failure to Administer medication by proper route
- Failure to Administer medication According to general accepted standards of practice
- Administering the wrong medication to the wrong student
- Administering medication without parent authorization
- Administering a prescription medication to a student who does not have a prescription

A Medication Incident Includes: ***(Complete form if this occurs)***

- Unusual Circumstances or Complication that occur when administering a specific medication to a specific Student **AFTER** successfully following the 5 Rights to Medication Administration.
- Any Medication Reaction