

STUDENT MEDICATION RECORD (2025-26)

As needed ☐

Each box should be marked with time and initials of the person administering medication or coded as follows:

A = Absent

CO = Checked Out

EO = School Out Early

P = Parent Administered

NM = No Medication (Parent Notified)

NS = No Show (Parent Notified)

SC = School Closed

School:_____

School Year: 2025 - 26

Name:_____

Medication:_____

Student ID:_____

Time Duration:_____
(exa: 12:00-12:05)

MEDICATION COUNT

Date	Quantity of Medication	School Rep. Signature	Parent Signature	Expiration Date

Documentation of Lost or Incorrectly Administered Medication

(Each entry requires a signature and date)

- ***Lost / unaccounted for medications*** → (Requires reporting to parent and district nurse)
- ***Unusable medications*** (ie., dropped on floor, spit out, etc.) → (Requires reporting to parent)
- ***Incorrectly administered medication*** → (Requires reporting to district nurse)

DATE	

Medication Administrator's Signature	Initials

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School Nurse is **required** to sign all student Medication Administration Records **with credentials**.