



## 316-2 Administering Prescription Medication to Children/Students

Student's Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Amount to be Administered: \_\_\_\_\_

Administration Time: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Storage Instructions: \_\_\_\_\_

Termination Date for Administration of Medication: \_\_\_\_\_

Student's Ability to Self-Administer: \_\_\_\_\_

**I confirm that I have the authority to sign this consent and will inform any other parent or guardian of the contents of this consent and the fact it has been signed.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Notes:

- Contact parent if extra dose is required (i.e. student forgot to take morning dose at home).
- All medication should be kept in the school's dedicated secure cabinet.
- Principal must review and initial the Medication Administration Record on a regular basis.



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**MEDICATION ADMINISTRATION RECORD**

DATE	DOSAGE	TIME ADMINISTERED	SIGNATURE