Medication Administered

Administration is given by a trained school staff member to a student with a completed Medication Authorization form. Each administration of a medication to the student is to be noted in the student's record.

Student Name:			**Date of Birth:**	
Medication Name:			**Dosage:**	
Route:			**Time(s) to administer:**	
Date	**Time**	**Dosage**	**Reactions Observed (If Any)**	**Signature**