

Medication Administration Record

Center: _____ Class: _____

Child's Name: _____ Date of Birth: _____

Name of Medicine: _____ Time to be given: _____

Dose: _____ Route: _____

Key: If child is absent, place an "A" in the til If medicine is discontinued, place a "DC" in the time slot.
If there is no class that day, place a "NC" in the time slot.

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<u>Date</u>	_____	_____	_____	_____	_____
<u>Time</u>					
<u>Initials</u>					
<u>Comments</u>	_____	_____	_____	_____	_____

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<u>Date</u>	_____	_____	_____	_____	_____
<u>Time</u>					
<u>Initials</u>					
<u>Comments</u>	_____	_____	_____	_____	_____

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<u>Date</u>	_____	_____	_____	_____	_____
<u>Time</u>					
<u>Initials</u>					
<u>Comments</u>	_____	_____	_____	_____	_____

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<u>Date</u>	_____	_____	_____	_____	_____
<u>Time</u>					
<u>Initials</u>					
<u>Comments</u>	_____	_____	_____	_____	_____

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<u>Date</u>	_____	_____	_____	_____	_____
<u>Time</u>					
<u>Initials</u>					
<u>Comments</u>	_____	_____	_____	_____	_____

Signatures: _____
 Signatures: _____