

MEDICATION ADMINISTRATION RECORD

North Pekin/Marquette Heights School District 102

2024-2025

PARENT OR GUARDIAN, PLEASE COMPLETE THE TOP PORTION OF THIS FORM:

I request the designated school staff member to give:

Name of Student: _____ Grade: _____ Teacher: _____

Name of Medication: _____ For Treatment of: _____

Exact Dosage: _____ Time: _____

Physician Name: _____ Physician's Phone: _____

Physician Signature Parent/Guardian Signature

Home Phone Number Work Phone Number Date

RETURN THIS FORM WITH THE PROPERLY LABELED MEDICATION TO THE SCHOOL OFFICE.

Record of Prescribed Medication Administered:

	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													T	T																			
Sep		H																															
Oct														H																			
Nov	C			T	H																							H	H	H			
Dec																								H	H	H	H	H			H	H	
Jan	H	H	H				T														T												
Feb																	H																
Mar																																	
Apr														H	H	H	H	H				H											
May		X							X							X							X				H				T		
June																																	

Initials Name of Person Administering Medicine:

CODES: A = Absent
 C=Conferences
 D = Early Dismissal
 F = Field Trip
 H=Holiday
 T=Teachers' Institute

N=None Available
 O=No Show
 W=Dose Withheld