

May Independent School District 3400 CR 411 East May, TX 76857

(254) 259-2091 Admin | (254) 259-2131 HS | (254) 254-3711 Elementary

Medication Administration Record

Assure that the medication to be administered has arrived to school in its original, properly labeled container. Record the following information to assure the proper medication is being administered to the correct student.

Student Name	e		DOB	//	
		Proper Lab	el & Instructions		
N £ D-+:-				Carrianta ana) M	_
	ent				
	ractitioner's Name				
Pharmacy Na	me		Address		
Date of filling	/ Exp	iration Date	_// Prescription No.		
Medication Na	ame	Route			
Precautions, i	if any				
Directions for	use				
Time(s) to be	e Administered	es/week)			
Parent Signat	ture				
_		Med	ication Log		
Date	Time(s)	Initials	Side Effects (if non	e then write N/A)	

Medication Log						
Date	Time(s)	Initials	Side Effects (if none then write N/A)			