

# MEDICATION ADMINISTRATION

(For recording purposes only)

# - SIGN OFF SHEET

clever • skilled • creative

### REMEMBER

RIGHT PERSON • RIGHT DRUG • RIGHT DOSE  
RIGHT TIME • RIGHT ROUTE

INSERT  
STUDENT  
PHOTO  
HERE

**Instructions** (table allows for students taking up to 3 medications, 3 times per school day)

- always follow instructions that appear on the pharmacy label on the medication container
- use black pen for all entries
- record name, route and dose of medication/s
- record time of day and initial in relevant box each time medication is administered
- use key when appropriate
- include any emergency medication administered.

#### KEY

- A** – Absent
- X** – No school
- N/S** – No Supply
- S/A** – Self Administration
- O** – Offsite
- P** – Parent
- R** – Student Refused

<b>Student:</b>											<b>Date of Birth:</b>											<b>Class:</b>										
<b>Allergies:</b>											<b>Prescribing Health Practitioner:</b>											<b>Prescribing Health Practitioner Contact Details:</b>										
<b>Month:</b>	<b>Date</b>																															
	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	
1. Name of Medication:																																
Route (eg oral):																																
Dose:																																
2. Name of Medication:																																
Route:																																
Dose:																																
3. Name of Medication:																																
Route:																																
Dose:																																