AP 2-335 – ADMINISTRATION OF PRESCRIBED MEDICATION RECORD

School: _____ Student Name: _____

Birth date: _____/_____/_____ Medication: _____
y m d

Dr. Name: _____ Dosage: _____

Time of day to be administered: _____ Designated Employee: _____

Date	Time Given	Designated Employee Signature	Successful (S) Missed (M) Unsuccessful (U) Refused Meds. (R)	Comments

Adopted: **February, 2004**

Revised: **October, 2009**