



RECORD OF MEDICATION ADMINISTRATION AT SCHOOL

School Year: _____

STUDENT INFORMATION			
Full Name of Student:			
Birth Date: (dd/mm/yy)		Medic Alert I.D.:	
School Name:		Grade:	
Home Address:			
Home Telephone:		Emergency Telephone:	
Name of Father:		Business Telephone:	
Name of Mother:		Business Telephone:	
Name of Legal Guardian:		Business Telephone:	

Name of Medication	Amount/Dosage Administered	Date (dd/mm/yy)	Time	Initials of Person Providing Service