Medication Administration Record

Student: ______________________________ **MONTH** ______________ **Year** __________ **Page __ of __**

		Insert DATE																								
MEDICATION	TIME																									

NAME: ______________________________ **Signature** ________________________ **Initials** ________
NAME: ______________________________ **Signature** ________________________ **Initials** ________
NAME: ______________________________ **Signature** ________________________ **Initials** ________

Received June 24, 2008

Medication Administration Record

Notes for PRN (as needed) medication or Explanations from page 1 Administration