

Routine Medications: Medication Documentation Record (MDR) one medication per sheet

Student Name:			<input type="checkbox"/> Male <input type="checkbox"/> Female DOB	Student ID:	Home Address:	School Photo
Grade	Class #	Switch Class #	Teacher: Switch Teacher:		Campus	
Parent/Guardian Name, Address, Phone number:				Emergency Contact Name, Address, and Phone Number		

Best Safe Practice: (Triple Check) Right Student, right medication, right dose, right time, right route (Compare with Medication Administration Order/Authorization Form and the medication container)

Medication in original container/prescription bottle.

Medication counts required

Medication Name, dosage, time and route of administration (should match instructions on order/Prescription bottle/or original container):	School Dose Time	Begin Date:	End Date:
Date Discontinued (file with student health record):			

Possible Adverse Reactions:

Special Instructions:

Day of the Month: Initial that the medication was administered as ordered and indicate number (#) of Medication Remaining (if required)

Month	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/#
August																															
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February																															
March																															
April																															
May																															
June																															
July																															

Nurse/Staff Signature	Initials	Documentation Codes/Legend	Wasted Reason
		X= No school/Holiday A= Absent O= No Show E= Early Dismissal F= Field Trip N= No Medication Available ER= See Notes on reverse/next page	Date
			Amount Wasted
			Remaining Count
			Initials
			Witness
			*Notify Parent of any wastes and reason

