

As Needed/ Non Routine Medication Documentation Record (MDR) <small>one medication per sheet</small>											
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: <input type="checkbox"/> (Triple Check) Right Student, right medication, right dose, right time, right route (Compare with Medication Administration Order/Authorization Form) <input type="checkbox"/> Medication in original container/prescription bottle.											
Medication Name, dosage, time and route of administration (should match instructions on doctor's order/Prescription bottle/or be within the manufacturer recommended dosage as listed on original medication container):								School Dose Times:		Begin Date:	End Date:
								Date Discontinued (file with student health record):			
Possible Adverse Reactions:											
Special Instructions:											
Date	Time	Initials	Comments	Date	Time	Initials	Comments	Date	Time	Initials	Comments
Nurse/Staff Signature			Initials	Nurse/ Staff Signature			Initials	Nurse/ Staff Signature			Initials

