

**NON-INJECTABLE MEDICATION ADMINISTRATION RECORD  
HOLY FAMILY SCHOOL**

**PARENT OR GUARDIAN, PLEASE COMPLETE THE TOP PORTION OF THIS FORM.  
I request the nurse or designated school staff member to give:**

**Name of Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Name of Prescribed Medicine:** \_\_\_\_\_ **For Treatment of:** \_\_\_\_\_

**Exact Dosage:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Prescribing Physician:** \_\_\_\_\_ **Physician's Phone:** \_\_\_\_\_

\_\_\_\_\_ **Parent / Guardian Signature** \_\_\_\_\_ **Date**

**Home Phone Number** \_\_\_\_\_ **Work Phone Number** \_\_\_\_\_

**RETURN THIS FORM WITH THE PROPERLY LABELED MEDICATION TO THE SCHOOL OFFICE**

Record of prescribed Medication Administered:

	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
Aug																															
Sept																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															

**Initial: Name of Person Administering Medicine:**

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Codes: A = Absent  
D = Early Dismissal  
F = Field Trip  
H = Holiday

N = None Available  
C = No Show  
W = Dose Withheld  
- = Weekend