

Tigard-Tualatin School District 23J Medication Administration Record

Please note: Medication must be sent to school in its original container with the student's name affixed. In the case of prescription medication, it must be accompanied by the physician's prescription (a prescription label is sufficient). Medication is only administered at school if it is required that it be given during school hours.

Parent/Guardian: Please complete the information in the box below:

STUDENT NAME: _____

_____	_____	_____
School	Grade/Teacher	Home Phone & Work Phone
_____	_____	_____
Name of Medication	Date Medication Given to School	Date Medication to be Discontinued
_____	_____	_____
Dosage to be Given	Time to be Given	Route (i.e., orally)
<p><i>I request and authorize that the school dispense this medication in accordance with the directions above, and for prescription medication, the direction of the physician. I understand that medication not picked up within five days of the end of the medication period, or the end of the school year, will be destroyed. I also understand that prescription medications require a written statement from the physician in order to change the dosage. This includes discontinuing the medication (for ongoing prescriptions).</i></p>		

parent/guardian signature/date		

Medication Count/Date	Signature of Counter	Signature of Witness
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

initials _____ signature match _____
initials _____ signature match _____
initials _____ signature match _____

initials _____ signature match _____
initials _____ signature match _____
initials _____ signature match _____

Medication Administration Record

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Student Name: _____ Medication/Dosage: _____

Date	Time	Initials

Date	Time	Initials

Date	Time	Initials

Record of Destruction of Medication

This medication was disposed of by the following method: _____

_____ *date* _____ *reason* _____ *signature* _____ *witness*