

A separate form is required for each medication, including asthma inhalers and epinephrine auto-injectors which are carried by the student.

MEDICATION ADMINISTRATION RECORD

Student: _____ DOB: ____/____/____

Licensed Prescriber Name/Phone/Address:

Licensed Prescriber Signature:

Medication/Dose/Route/Time(s) to Administer:

I give permission for the AKV Festival Nurse to give the above medication to my student.

Signature Parent/Guardian

Date

Date/Time				

Initials

Name

CODES

W: Dose Withheld (Chart reason in student log)

***ALL medication must be administered by the festival nurse, regardless of the student's age or Section 504 or Transition Plan.**

Revised November 2015