

**(Refer to Policy IHCD, Procedure 3. a)**

Student's Name: \_\_\_\_\_

Name of Medication:

Purpose of Medication:

Amount to be Administered: \_\_\_\_\_

Administration Time: \_\_\_\_\_

Possible Side Effects:

Storage Instructions:

Termination Date for Administration of Medication:

Student's Ability to Self-Administer:

**I confirm that I have the authority to sign this consent and will inform any other parent or guardian of the contents of this consent and the fact it has been signed.**

Parent/Guardian Signature:

Date:

**Notes:**

- Contact parent if extra dose is required (i.e. student forgot to take morning dose at home.)
- All medication should be kept in an appropriately secure manner
- Principal must review and initial the Medication Administration Record on a regular basis.

## MEDICATION ADMINISTRATION RECORD

[illegible]

[illegible]