



## 2018-2019 MEDICATION ADMINISTRATION FORM

Student's name \_\_\_\_\_  
Teacher's name \_\_\_\_\_  
Class \_\_\_\_\_

Condition \_\_\_\_\_

Medication to be applied or administered

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_  
Parent/ Guardian \_\_\_\_\_  
Teacher \_\_\_\_\_  
Principal \_\_\_\_\_