A <u>separate</u> 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 All-State Festival Nurse to give the above medication to my student.

_____ _____
Signature Parent/Guardian Date

Date/Time				

<u>Initials</u> *<u>Name</u>*

_____ _____

_____ _____

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 July 2015