TMCSEA
DAILY MEDICATION ADMINISTRATION RECORD

Name of Student:_________________________ DOB:___________ Effective Date:___________ Teacher:__________

Diagnosis Requiring Medication:_______________________________ Allergies:_______________________________

Medication, Dose, Route:_______________________________ Time(s) To Be Given at School:___________________

(Please put your initials in appropriate box)

Mo/Yr	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	QR

INITIAL	NAME	INITIAL	NAME

Updated Annually

CODES

S: Snow day	B: Bonfire
X: Weekend	F: Field Trip
H: Holiday	D. Early Dismissal
A: Absent	W: Dose Withheld
N: None Available	QR: Quarterly Review

*List reason on back