



## ADMINISTRATION OF MEDICATION RECORD

This section to be completed by a Parent or Legal Guardian

Student Name: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Directions for Use (per prescribing physician and pharmacist's direction): \_\_\_\_\_

Dosage: \_\_\_\_\_

Schedule of administration:

Signature of  
Parent/Guardian: \_\_\_\_\_

Form 316-2 Administration of Medication Record

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