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Medication Administration Form	Policy #6.1.5	Date: July 2, 1998 Review/Revise Date: November 2016

Date:	Child's Name:
Name of Medication:	
Medical Allergies:	
Start Date:	Stop Date:
Dosage to be taken:	Time to be administered:
Special Instructions:	

Authorized by: _____ Date: _____
Parent Signature

Record of Administration

Date	Dosage	Time	Special Instructions and or Reactions	Administered By:

Note: When the medication is no longer being administered please write completed, and reason for completion, after the last date medication was administered. (Time frame completed, med. Completed, medication no longer needed, etc.)