# MEDICATION ADMINISTRATION RECORD

PMEA All-State Festival, March 26-29, 2014

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_   
  
Licensed Prescriber Name/Phone/Address:

Licensed Prescriber Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 Medication/Dose/Route/Time(s) to Administer:

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I give permission for the All-State Festival Nurse to give the above medication to my student.

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Signature Parent/Guardian Date

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| Date/Time | | 3/26 | 3/27 | 3/28 | 3/29 |
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| Initials | Name | | | | | | | | CODES | | |
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| \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | W: Dose Withheld (Chart  reason in student log) | | | |
| \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | | |
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