

## ADMINISTRATION OF MEDICATION RECORD

### PRESCRIPTION MEDICATIONS

SCHOOL: St Patrick's Parish Primary School

<b>STUDENT NAME:</b>			<b>PHOTO</b> if desired	
<b>CONDITION:</b>				
<b>DOCTOR:</b>		<b>PHONE NO:</b>		
<b>NAME OF MEDICATION:</b>				
<b>PHARMACIST:</b>			<b>PHONE NO:</b>	
<b>METHOD OF ADMINISTERING THE MEDICATION:</b>			<b>EXPIRY DATE:</b>	
<b>Parent/Guardian who requested the medication administration.</b>				
Name:				
Relationship:		Contact Phone No.		
Unused medication returned to carer: YES / NO ( <i>circle one when applicable</i> )				
<b>Parent's Signature:</b>				
 <b>Parent's Signature:</b>				
QUANTITY DISPENSED	DATE	TIME	New Balance (e.g. number of tablets)	PERSON WHO DISPENSED / ADMINISTERED MEDICATION
<b>Opening balance of medication received:</b>				
1.				
2.				
3.				
4.				
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10.				

Permission Note to be filed in Student's records

<b>QUANTITY DISPENSED</b>	<b>DATE</b>	<b>TIME</b>	<b>PERSON WHO ADMINISTERED MEDICATION</b>
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