

Indoor Percussion Trip - Dayton, Ohio  
March 25-27, 2022

MEDICATION ADMINISTRATION RECORD

A separate form is required for each medication, including asthma inhalers and epinephrine auto-injectors which are carried by the student.

Student \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Licensed Prescriber Name:

\_\_\_\_\_

Licensed Prescriber Address:

\_\_\_\_\_

Licensed Prescriber Phone#:

\_\_\_\_\_

Medication/Dose/Route/Time(s) to Administer

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes or No: This child is permitted to take over the counter medications (Acetaminophen, Ibuprofen, or Tums) as needed.

I give permission for the Parent Chaperone Nurse/doctor to give the above medication to my student. This will include prescribed and over the counter medications.

Signature Parent/Guardian Date

\_\_\_\_\_

For Nurses Use Only: Notes: Date/Time Administered:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_