

Lancaster Community School District

Students

**RECORD OF MEDICATION ADMINISTRATION**

Name of Student \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Notify parent/guardian if student refuses or is unable to take medication.

Time of day given \_\_\_\_\_

Date \_\_\_\_\_ Administering person's signature \_\_\_\_\_

EXHIBIT APPROVED: January 9, 1985

EXHIBIT REVISED: