ATLAS LEARNING ACADEMY
Today's Learners, Tomorrow's Leaders

Medication Administration Form

Child's name: _____

Medication to be given: _____

Dosage to be given: _____

Start Date:_____ End Date: _____

Time(s) to be given: _____

Instructions of how medication should be given:

_____

_____

Last dosage and time medication was given:

_____

Parent / Guardian Signature: _____ Date: _____

Medication is to be given by staff with a current first aid training certificate

☐ **I will provide the school with my child's medication in its original packaging.**

Record information on the chart below at the time of giving medication

Date	Medication	Dosage	Time	Staff Signature