



# MEDICATION ADMINISTRATION

This form is used for prescription or non-prescription medication supplied by parent.

VALID FOR CURRENT SCHOOL YEAR ONLY

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Reason to Give Medication: \_\_\_\_\_

**Action Plan:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SCHOOL OFFICE USE ONLY

- This form is completed and signed by both the physician and parent or guardian.
- Medication is in its original container and labeled with the student's name.

School Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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The Ecclesial School at Northland  
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321-358-1611