Tigard-Tualatin School District 23J Medication Administration Form

Please note: Medication must be sent to school in its original container with the student's name affixed. In the case of prescription medication, it must be accompanied by the physician's prescription (a prescription label is sufficient). Medication is only administered at school if it is required that it be given during school hours.

Parent/Guardian	: Please complete the information	n in the box below:	STUDENT N	STUDENT NAME:			
School		Grade/Te	eacher	Home Phone & Work Phone			
Name o	of Medication	Date Medication Giv	ren to School	Date Medication to be Discontinued Route (i.e., orally)			
Dosage	e to be Given	Time to b	pe Given				
the direction of the school year, will change the dosa	he physician. I understand that n be destroyed. I also understand	nedication not picked up that prescription medic the medication (for ongo	o within 5 days of the ea cations require a written oing prescriptions). I he	ns above, and for prescription medication, at nd of the medication period, or the end of the statement from the physician in order to ereby acknowledge that it is my responsibility			
		parent/guardian s	signature/date				
Medication Count/Date		Signature of Cou	unter	Signature of Witness			
initials	signature match		initials	signature match			
initials	signature match		initials	signature match			
initials	signature match		initials	signature match			

Medication Administration Record

	-	T T		 .		cation/Dosage:_		
ate	Time	Initials	Date	Time	Initials	Date	Time	Initials
			<u> </u>					
			Record of	Destruction	of Medicatio	n		
medica	ation was d	isposed of by t	he following r	method:				