

**ST. PETER CATHOLIC SCHOOL
NON-INJECTABLE MEDICATION ADMINISTRATION RECORD**

Parents: Please complete the following requested information and return it with the listed medication in a Ziploc baggie with your child's name on it. If the medicine is a prescription drug, it MUST be sent in a bottle that is labeled by the pharmacy. Thank you.

I request the designated staff member of St. Peter Catholic School to dispense the following medication.

Name of Student: _____ Grade: _____ Date: _____ Date to begin: _____ End: _____

Name of Medication: _____ For Treatment of: _____

Exact Dosage: _____ Time to be Dispensed: _____ Parent Signature _____

Office Use Only:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August																															
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															

Initial: Name of Person Administering Medicine _____
 Codes: A = Absent X = No School H = Holiday
 N = No Show DC = Discontinued