Medication Administration Record (MAR)
General Medication Form
(Including Asthma Inhaler and Epinephrine Auto-injector use)

Student Information:

Student name:	**DOB:**
Student address:	
School: **Grade:** **Teacher:** **School Year:**	
Drug Allergies:	

Prescriber Information:

Medication:	**Circumstances for use:**
Dosage: **Route:** **Time/Interval:**	
Date to begin: **Date to end:**	
Special instructions/treatment in the event of adverse reaction:	

Epinephrine Auto-injector: ☐ Not applicable
☐ **Yes, as the prescriber, I have determined the student is capable of possessing and using the Auto-Injector appropriately and have provided the student with the proper training to do so.**

Asthma Inhaler: ☐ Not applicable
☐ **Yes, as the prescriber, I have determined the student is capable of possessing and using an Asthma Inhaler and have provided the student with proper training to do so.**

Possible Adverse Reactions to Medication:

☐ **Does the Medication require refridgeration?**   ☐ **Is the medication controlled?**

Presciber name:	**Prescriber signature:**
Date: **Phone #:** **Fax#:**	

Parent/Guardian Authorization:

By signing this I authorize an employee of the school to administer the above medication, and understand that additional parent/prescriber signed statements will be needed if medication dosage is changed, and I authorize the Licensed Healthcare provider to speak with the prescriber/pharmacist to clarify a medication order. I also understand that medication must be in original container and properly labeled.

☐ **By checking this box, I authorize the student to self-carry Epinephrine Auto-injector and or an Asthma Inhaler**

Parent/Guardian signature:

Contact #:   **Date:**

Medication Document Record (MDR)

Student Name:	☐ Male ☐ Female		Home Address:

Grade:	Teacher:	School:	DOB:

Parent/Guardian:	Phone #:

Best Safe Practice: ☐ Triple check, right student, right medication, right dose, right time, right route ☐ Original Container

Medication Name:	Begin Date:	End Date:

Medication Dosage:	Adverse Reactions:

Medication Time:	Special Instructions

X=no school AB=Absent ER=Error O=No medication available F=Field trip H=Hold

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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