



[St. Mary's School

Medication Documentation Record (MDR)

Student name	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Grade/Class	Parent/Guardian Name	
Teacher	Parent/Guardian emergency contact numbers (include all)	
Best Safe Practice: <input type="checkbox"/> (Triple check) right student, right medication, right dose, right time, right route (compare with Medication Administration Order/MAR) <input type="checkbox"/> Medication in original container/prescription bottle		

Medication name:	Begin date:	End date (if known)	Discontinued order date:
Medication dosage:	Possible adverse reactions:		
Medication time:			
Special instructions:			

	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		
Month																																	
August																																	
September																																	
October																																	
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February																																	
March																																	
April																																	
May																																	
June																																	

Nurse/staff signature	Initials

Nurse/staff signature	Initials

X = No School
 AB = Absent
 ER = Error
 O = No medication available
 F = Field Trip
 H = Hold

Notes:	

