

[St.Mary's School

	Medication Documentation Record (MDR)
Student name	□ Male □ Female
Grade/Class	Parent/Guardian Name
Teacher	Parent/Guardian emergency contact numbers (include all)
Best Safe Practice: ☐ (Triple check) right student, right medication, right dose, right time, right route (compare with Medication Administration Order/MAR) ☐ Medication in original container/prescription bottle	ht route (compare with Medication Administration Order/MAR)

Medication name:
Medication dosage:
Medication time:

Special instructions:

Possible adverse reactions:

Begin date:

End date (if known)

Discontinued order date:

	June	IVIAY	April	March	February	January	December	November	October	September	August	Month
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Initials Nurse/staff signature Initials X = No School		AB = Absent ER = Error O = No medication available F = Field Trip H = Hold		AB = / ER = E O = N H = H		
	Notes:	X = No School	Initials	Nurse/staff signature	Initials	Nurse/staff signature



MEDICATION INVENTORY RECORD

Medication unaccounted for must be reported per school district policy

		Nice	ication unacco	unted for must	pe reported	Medication unaccounted for must be reported per school district policy	
Date	Medication Name	Quantity	Expiration Date	Quantity Returned to	Wasted	Nurse/Staff Signature	Witness Signature
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