

## Medication Documentation Record (MDR)

Student name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home address	Student ID#
Grade/Class	Date of birth	Teacher	School
Parent/Guardian name	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):
Medication dosage:	Possible adverse reactions:	
Medication time:	Special instructions:	
Discontinued order date:		

Month	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																															
June																															
July																															

Nurse/staff signature	Initials
X = No school AB = Absent ER = Error O = No medication available F = Field trip H = Hold	
Notes:	

### Medication Count

Medication name	Arrival date	Initial count	Wasted amount and date	Parent notified Yes or No	Count sent home and date