ARCHDIOCESE of MILWAUKEE

Form
5141.5 (e)

MEDICATION RECORD

STUDENT'S NAME:	GRADE/CLASSROOM:
NAME OF MEDICAL PROVIDER:	**PHONE NUMBER:**

Picture of Student if available

ENTER INFORMATION ON THE CHART BELOW WHEN DISPENSING MEDICATION TO A STUDENT.

DATE:	TIME:	MEDICATION:	DOSAGE:	ROUTE:	INITIALS:

SCHOOL PERSONNEL AUTHORIZED TO ADMINISTER THE MEDICATION:

NAME:	RELATIONSHIP:	PHONE:
NAME:	**RELATIONSHIP:**	**PHONE:**

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