

# MEDICATION ADMINISTRATION

Student Name	
Medication stored in:	
Name of medication	
Dosage	
Time to be taken	
How is it to be taken	

*Please note : Administered by = Medication checked, identified as correct and administered by:  
 Witnessed by = Medication checked, identified as correct and witnessed administration of :*

Date					
Time					
Witnessed by					
Administered by					

Date					
Time					
Witnessed by					
Administered by					

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