



**MEDICATION ADMINISTRATION RECORD**

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**Student Medication Record – Ongoing Treatment for Notified Medical Condition**

Student's name:		
DOB:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Class:		
Name of drug:		
Dose to be given:	Time to be given:	Route:
Parents Name:	Signature of Medication Administration Officer:	

DATE	Total count	#No/Dose given	Time given	Signature Medication Officer	Signature Witness Of Medication