## Student Medication Administration Record

## Ongoing Treatment for Notified Medical Condition

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| --- | --- | --- | --- |
| Student’s name: | | | |
| DOB: | Male Female | | Class: |
| Name of drug: | | | |
| Dose to be given: | Time to be given: | | Route: |
| Doctor’s name: | | Signature of Medication Administration Officer: | |

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| --- | --- | --- | --- | --- | --- |
| Date | Total count | #No given | #No left | Time given | Medication Administration Officer |
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