

# Short Term Medication Administration Form

Student's Name

Medical condition

Medication name

Last date medication needs to be taken

Dosage of medication

1. Medication use time

2. Medication use time (if applicable)

3. Medication use time (if applicable)

Self administration

- ☐ Yes  
☐ No

Date medication dispensed by pharmacy

Special precautions

EXAMPLE: Medication should be taken before/ after lunch.

Procedures to take in an emergency  
(if applicable)

DETAILS OF PERSON COMPLETING THIS FORM:

Name

Date

Email address

Signed