



PMEA MEDICATION ADMINISTRATION RECORD

***A separate form is required for each medication, including asthma inhalers and epinephrine auto-injectors which are carried by the student for EACH Fest/Festival and EACH advancement, if applicable (i.e. district, region, state)**

(Please PRINT/TYPE all information below, except signatures)

Student Name: _____ DOB: ____ / ____ / ____

Licensed Prescriber Name: _____

Licensed Prescriber Address: _____

Licensed Prescriber Phone #: () _____

Licensed Prescriber Signature: _____

Medication/Dose/Route/Time(s) to Administer: _____

I give permission for the fest/festival nurse to give the above medication to my student.

Signature Parent/Guardian

Date

Date/Time				

Initials

Name

CODES

W: Dose Withheld (Chart reason in student log)

***ALL medication must be administered by the fest/festival nurse, regardless of the student's age or Section 504 or Transition Plan.**