



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 event in which the student will be participating.** *The PMEA Medication Administration Record may be copied in the event the student may participate in multiple PMEA events provided the medication information is complete (or a prescription is attached), the chart has not been completed by a festival nurse **AND** the **medication expiration date has not passed.** If students require medication for a chronic condition, the school district's form on file in the school or nurses' office may be used. **(It is suggested the PMEA Medication Administration Record is copied BEFORE a student participates in their first festival.)**

(Please PRINT/TYPE all information below, except signatures; prescription may also be attached)

Student Name: _____ DOB: ____ / ____ / ____

Licensed Prescriber Name: _____

Licensed Prescriber Address: _____

Licensed Prescriber Phone #: (____) _____

Licensed Prescriber Signature: _____

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

Medication Expiration Date: _____

I give permission for the fest/festival nurse to give the above/attached 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, Section 504 or Transition Plan.**