



# 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. \*In the case of maintenance medications - the PMEA Medication Administration Record may be copied if the student participates 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.**