

**Jefferson County Public Schools
Medication Administration Record (MAR)
2011-2012 School Year**

Start Date		Stop Date:				Time Medication Is To Be Given:					
Name:		JCPS #		Medicaid #		Medication and Description					
D.O.B. / /		Grade:		Teacher:		Dosage:		Frequency:		Route:	
Primary Care Provider Name and Telephone:						Special Instructions/Comments:					
Parent/Guardian:						Allergies:					
Telephone: (H) _____ (W) _____											
Cell/Pager: _____ Emer: _____											
Week of	Mon.	Tues.	Wed.	Thur.	Friday	Week of	Mon.	Tues.	Wed.	Thur.	Friday
08/15/11						01/23/12					
08/22/11						01/30/12					
08/29/11						02/06/12					
09/05/11						02/13/12					
09/12/11						02/20/12					
09/19/11						02/27/12					
09/26/11						03/05/12					
10/03/11						03/12/12					
10/10/11						03/19/12					
10/17/11						03/26/12					
10/24/11						04/02/12					
10/31/11						04/09/12					
11/07/11						04/16/12					
11/14/11						04/23/12					
11/21/11						04/30/12					
11/28/11						05/07/12					
12/05/11						05/14/12					
12/12/11						05/21/12					
12/19/11						05/28/12					
12/26/11						06/04/12					
01/02/12						06/11/12					
01/09/12						06/18/12					
01/16/12						06/25/12					

INSTRUCTIONS: Each individual administering medication shall sign his/her legal signature below as an identifier for their initials. Initials shall be filled in above in each block on the appropriate day to be given. If a medication is not given, use one of the following codes and always notify the parent/guardian that medication is not given. If the parent/guardian brings in medication record number of pills counted on back of MAR and both people initial. If sent in a sealed envelope, two (2) trained JCPS staff member must count and record on back of MAR and both people initial.

X = No School	A = Absent	E = Expired Medication*	I = Incomplete*	M = Missed*	N = No Medication*	R = Refused*
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Upon stopping medication, write the discontinued date here: _____

Initials _____ Signature _____

Initials _____ Signature _____

Initials _____ Signature _____

Initials _____ Signature _____

