

FORM 314-B1

**THE ADMINISTRATION OF MEDICATION AND/OR MEDICAL
PROCEDURES TO STUDENTS: RECORD OF PROCEDURES**

To be completed by parent/guardian—one for each procedure and to be updated as procedures or student’s condition changes.

Parent/Guardian’s Signature and Date: _____

A. IDENTIFYING INFORMATION

NAME OF STUDENT: _____ D.O.B _____

TEACHER: _____ CLASSROOM _____

PARENT/GUARDIAN’S NAME: _____ PHONE # _____

DOCTOR’S NAME: _____ PHONE # _____

B. MEDICAL PROCEDURE		NAME OF PROCEDURE:	
Description of Procedure:			
Times of Day:			
Possible Adverse Reactions:			
Emergency Contacts:		Phone #	
		Phone #	
C. EQUIPMENT/SUPPLIES			
List specific equipment/supplies required:			
Storage of equipment/supplies			
D. SCHOOL PERSONNEL TRAINING			
Persons Trained:		Date Trained:	
1.		1.	
2.		2.	
3.		3.	
Name of person/agency who provided the training:			
Person/agency to contact with comments/concerns:		Phone #	
Name/agency:			