

Jefferson County Public Schools
Medication Administration Record (MAR)
2018-2019 School Year

Start Date:		Stop Date:				Time Medication is to be Given:					
Name:		JCPS#				Medication and Description:					
D.O.B. / /		Grade:		Teacher:		Dosage:		Frequency:		Route:	
Primary Care Provider and Telephone:						Special Instructions:					
Telephone: (H) _____ (W) _____						Allergies:					
Cell/Pager: _____ Emer: _____											
Week of	MON	TUES	WED	THURS	FRI	Week of	MON	TUES	WED	THURS	FRI
08/13/18						01/14/19					
08/20/18						01/21/19					
08/27/18						01/28/19					
09/03/18						02/04/19					
09/10/18						02/11/19					
09/17/18						02/18/19					
09/24/18						02/25/19					
10/01/18						03/04/19					
10/08/18						03/11/19					
10/15/18						03/18/19					
10/22/18						03/25/19					
10/29/18						04/01/19					
11/05/18						04/08/19					
11/12/18						04/15/19					
11/19/18						04/22/19					
11/26/18						04/29/19					
12/03/17						05/06/19					
12/10/17						05/13/19					
12/17/17						05/20/19					
12/24/17						05/27/19					
12/31/18						06/03/19					
01/07/19						06/10/19					

Instructions: Each individual administering medication shall sign his/her legal signature below as an indicator 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 the medication is not given. If the parent brings in the 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 members must count and record on back of MAR and both people initial. **Log field trip weekend dates on back of MAR**

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: _____

