



NOTE: This Needs to be returned only if medicine is required during the festival or rehearsals.

# DCMEA MEDICATION ADMINISTRATION RECORD

**\*A separate form is required for each medication, including asthma inhalers and epinephrine auto-injectors which are carried by the student.**

(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: \_\_\_\_\_

**I give permission for the fest/festival nurse to give the above 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.** \*All medications MUST be in the original packaging (i.e. bottle including prescription label with the student's name, RX number, dosage, licensed prescriber and date issue). Additionally, a completed Medical Administration Form must be provided for EACH medication including "over the counter medications" such as Ibuprofen, Antacids, etc. (must be in the original container/box as when purchased) and signed by the licensed prescriber. Each medication and accompanying Medication Administration Form must be placed in a Ziploc baggie with the student's full name marked in Sharpie.