

## Administration of Medication Short-term Record

|  |                                   |   |   |  |  |   |   |
|--|-----------------------------------|---|---|--|--|---|---|
| <b>Student Name:</b>                                       |                                   |   |   | <b>Student ID:</b>   |  |   |   |
| <b>Date</b>  | <b>Staff Member Administering</b> | <b>2<sup>nd</sup> Staff Member Checking</b> |   | <b>Name of Medication</b>  |  | <b>Is the medication in original packaging?</b> |   |
|  |                                   |   |   |  |  |   |   |
| <b>Is medication in date?</b>                              | <b>Expiry Date on medication</b>  | <b>Time administered</b>                    | <b>Dosage</b><br><small>(e.g. 1 tablet)</small> | <b>Strength</b><br><small>(e.g. 10mg)</small>                        | <b>Route</b><br><small>(e.g. orally with food)</small> |   | <b>If oral medication was it swallowed?</b> |
|  |                                   |   |   |  |  |   |   |
| <b>Signature of Staff Member Administering Medication:</b> |                                   |   |   | <b>Signature of 2<sup>nd</sup> Staff Member Checking Medication:</b> |  |   |   |

|  |                                   |   |   |  |  |   |   |
|--|-----------------------------------|---|---|--|--|---|---|
| <b>Student Name:</b>                                       |                                   |   |   | <b>Student ID:</b>   |  |   |   |
| <b>Date</b>  | <b>Staff Member Administering</b> | <b>2<sup>nd</sup> Staff Member Checking</b> |   | <b>Name of Medication</b>  |  | <b>Is the medication in original packaging?</b> |   |
|  |                                   |   |   |  |  |   |   |
| <b>Is medication in date?</b>                              | <b>Expiry Date on medication</b>  | <b>Time administered</b>                    | <b>Dosage</b><br><small>(e.g. 1 tablet)</small> | <b>Strength</b><br><small>(e.g. 10mg)</small>                        | <b>Route</b><br><small>(e.g. orally with food)</small> |   | <b>If oral medication was it swallowed?</b> |
|  |                                   |   |   |  |  |   |   |
| <b>Signature of Staff Member Administering Medication:</b> |                                   |   |   | <b>Signature of 2<sup>nd</sup> Staff Member Checking Medication:</b> |  |   |   |