Monthly Medication Administration Record

Student Name		DOB		School/ District		Grade	
Medication		Dose		Route		ICD-9 Code	
Parent/ Guardian		Phone		Physician/ NP/PA		Phone	

Order start date (MM/DD/YY): _____ Order expiration date (MM/DD/YY): _____ · IHCP on File

Date	Time-in	Time-out	Time Given	Dose	Exception Code	Reaction	Signature/title	*CPT/Unit
					D Out of med. D Absent D Refused D Field trip D Other (see notes)	D Adverse (see notes) D Appropriate		
					D Out of med. D Absent D Refused D Field trip D Other (see notes)	D Adverse (see notes) D Appropriate		
					D Out of med. D Absent D Refused D Field trip D Other (see notes)	D Adverse (see notes) D Appropriate		
					D Out of med. D Absent D Refused D Field trip D Other (see notes)	D Adverse (see notes) D Appropriate		
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					D Out of med. D Absent D Refused D Field trip D Other (see notes)	D Adverse (see notes) D Appropriate		

*Medication Administration Procedure Code: CPT T1002 = RN services up to 15 min. or CPT T1003 = LPN services up to 15 min.

To be completed by Attending Provider (School Nurse/RN):   NOTE: LPN must use supervising RN's NPI number

Name: _____ Title: _____ NPI number: _____
Name: _____ Title: _____ NPI number: _____
Name: _____ Title: _____ NPI number: _____

To be completed by Billing Provider (School District, County or §4201 School): NPI Number: _____

Additional Documentation

Monthly Medication Administration Record (p.2 of 2)

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All doc umentation should include date, time, signature, and title.