

Office of the School Nurse

MEDICATION INSERVICE

I have read the information on medication administration and I am aware of the uses, dosages, contraindications and adverse reactions of the medications that I will give as outlined on the drug information sheet in the Sub File.

I have received training from the school nurse in the following areas:

1. Method of administration
2. Proper Handling of Medications
3. Record Keeping
4. "Five Rights of Medication"

Date _____ Signature _____
Trainee

Date _____ Signature _____