



# MEDICATION ADMINISTRATION RECORD

Please complete "Medication" section for each medication. Make additional copies if needed.

ATHLETE NAME: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MEDICATION	DATE	MON	TUES	WED	THURS	FRI	SAT	SUN	NOTES
<b>Med Name:</b> Tylenol <b>Dosage:</b> 200 mg <b>Reason For Med:</b> Headaches <b>Description of Med:</b> White capsule with "Tylenol" printed in red	8:00 a.m.								SAMPLE
	12:00 p.m.								
	5:00 p.m.								
	8:00 p.m.								
<b>Med Name:</b> <b>Dosage:</b> <b>Reason For Med:</b> <b>Description of Med:</b>									
<b>Med Name:</b> <b>Dosage:</b> <b>Reason For Med:</b> <b>Description of Med:</b>									
<b>Med Name:</b> <b>Dosage:</b> <b>Reason For Med:</b> <b>Description of Med:</b>									
<b>Med Name:</b> <b>Dosage:</b> <b>Reason For Med:</b> <b>Description of Med:</b>									
<b>Med Name:</b> <b>Dosage:</b> <b>Reason For Med:</b> <b>Description of Med:</b>									

CVO Printed Name \_\_\_\_\_  
 CVO Printed Name \_\_\_\_\_  
 CVO Printed Name \_\_\_\_\_

Initials \_\_\_\_\_  
 Initials \_\_\_\_\_  
 Initials \_\_\_\_\_