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| **Oral (Solid) Medication Administration**  **Skills Checklist** | **Date Skill Verbalized / Demonstrated** | | |
| 1. Check and compare Medication Request Form/Record-Log and medication label to assure that the **SIX RIGHTS** for medication administration can be followed (everything should match and school nurse must have signed off on it): | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. **Right** student (medication form could include student’s picture) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. **Right** medication | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. **Right** dose (number of pills to give) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. **Right** time | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. **Right** route (oral) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. **Right** documentation | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Pour medication into the bottle lid and then into the disposable medicine cup holding the cup over a counter. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Provide the student with water or other substance that allows for easy swallowing. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Verify the student has swallowed the medication. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Document on the Medication Administration Record/Log that you have administered the medication. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Replace the medication in locked storage area. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Observe the student for any medication reaction as appropriate. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

I have voluntarily received training and had an opportunity to ask questions about the above information.

I understand my responsibility and voluntarily agree to administer solid oral medication as outlined above

during the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_school year.

Click or tap here to enter text.

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***Staff signature Date***

This staff member has received the above training and demonstrated sufficient understanding and skill in administration of solid oral medication during the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_school year.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Registered Nurse signature Date***