CANYONS SCHOOL DISTRICT
NURSING SERVICES
Acetaminophen & Ibuprofen Administration Record

Student Name	Date	Time	Complaint	Name of Parent Contacted	Permission Given (Yes/No)	Medication Given	Dosage	Staff Initials

CANYONS School District

Medication Administrator's Signature	Initials

Medication Administrator's Signature	Initials

Medication Administrator's Signature	Initials