



North Carolina Governor's School 2022

MEDICATION ADMINISTRATION PLAN

Completed by Licensed Physician or Medical Staff; Brought with medication on Opening Day.

Student's Full Name: _____

Date of Birth: _____

Please write each medication name, strength (ex: 100 mg), dose (how many pills to be given), and the times the medication is to be given while at Governor's School.

Note: Students will be self-administering prescription medication. Wellness Team will monitor self-administration and store medication. Please use back for additional medications.

Name of Prescribed Medication	Strength	Dose	Route	Time to Given	Other information

Physician Name (print):

Signature:

Address:

Phone: