

**APPENDIX L**

**NEW YORK INSTITUTE OF TECHNOLOGY  
SCHOOL OF HEALTH PROFESSIONS  
DEPARTMENT OF NURSING**

**Student Medication Administration Contract\***

- I have received a medication administration review at post conference on \_\_\_\_\_.
- I fully understand the accountability of administering any and all medications.
- I fully understand the medication administration system of the 7 rights and realize the seriousness of a medication error.
- While I am a student, I am to only administer medication under the guidance of the instructor. If a medication administration request is made by the patient or nurse, I understand that I have to consult with my professor and I cannot administer the medication without doing so
- If any medication administration step is eliminated which jeopardizes patient safety, the consequences are disciplinary which can include clinical deficiency notice, failure for the day, failure of the course or dismissal from the Nursing Program.

NAME PRINTED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*This signed contract will become part of the student's file.**