

Medication Expiration Date _____

Jordan School District

STUDENT MEDICATION RECORD (2017-18/D)

(USE ONE FORM PER MEDICATION and/or MEDICATION DOSE)

As needed

Daily

Student	Grade							Teacher							Medication							Dose							Time						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
Jul																																			
Aug																																			
Sep																																			
Oct																																			
Nov																																			
Dec																																			
Jan																																			
Feb																																			
Mar																																			
Apr																																			
May																																			
Jun																																			
Jul																																			

Upon medication administration, each box should be marked with time and initials of the person administering medication or coded as follows:

A = Absent **CO** = Checked Out **P** = Parent Administered **NM** = No Medication (Parent Notified) **NS** = No Show (Parent Notified) **SC** = School Closed

School: _____

School Year: _____

Name: _____

Medication: _____

MEDICATION COUNT

Date	Qty. of Med.	School Rep. Signature	Parent Signature

Date	Qty. of Med.	School Rep. Signature	Parent Signature

Date	Qty. of Med.	School Rep. Signature	Parent Signature

Documentation of Lost or Incorrectly Administered Medication
(Each entry requires a signature and date)

Lost or unaccounted for medications (Requires reporting to parent and district nurse):

Unusable medications (ie., dropped on floor, spit out, etc.) (Requires reporting to parent):

Incorrectly administered medication (Requires reporting to district nurse):

Medication Administrator's Signature	Initials

Date	Notes: