

Medication Expiration Date \_\_\_\_\_

Jordan School District

# STUDENT MEDICATION RECORD (2017-18)

## Elementary Schools

(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: