

DAILY MEDICATION ADMINISTRATION FOR SCHOOL YEAR

STUDENT		TEACHER	
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Medication/Dose/Time	Month	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
	Aug																															
	Sept																															
	Oct																															

Medication/Dose/Time	Month	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
	Nov																															
	Dec																															
	Jan																															

Medication/Dose/Time	Month	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
	Feb																															
	March																															
	April																															

Medication/Dose/Time	Month	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
	May																															
	June																															
	July																															

CODES	SIGNATURE & INITIAL of those AUTHORIZED TO ADMINISTER MEDICATIONS															
Medication given Initial																
Student AbsentA																
No Show NS																
Late L																
Field Trip FT																
Medication Out MO																

MEDICATION DATE/NAME/AMOUNT BROUGHT IN

DATE	NAME OF MEDICATION	AMOUNT	DATE	NAME OF MEDICATION	AMOUNT	DATE	NAME OF MEDICATION	AMOUNT

MEDICATION NAME	DATE DISCARDED	HOW DISCARDED	TWO SIGNATURES