

MEDICATION ADMINISTRATION DAILY RECORD FOR:

(To Be Completed For Each Medication and Dosage Change)

Student Name _____

School Year _____

Date of Birth: _____ Gender: _____ Grade: _____ Teacher: _____ School: _____

Parent/Guardian: _____ Home Phone: _____ Work Phone: _____

Medication: _____ Dosage: _____ Start Date: _____ Stop Date: _____

Route: _____ Frequency: _____ Time(s) Given During School: _____

Known Allergies: _____

Month/Date	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	
August																																
September																																
October																																
November																																
December																																
January																																
February																																
March																																
April																																
May																																
June																																
July																																

Comments: _____

Initial: _____ Name: _____ Initial: _____ Name: _____

CODES			
A	Absent	O	Out of Medication
D	Early Dismissal	R	Refused
F	Field Trip	W	Withheld Dosage
H	Holiday	X	No School

