

# STUDENT MEDICATION RECORD (2023-24)

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

As needed

Daily

Student _____							Grade _____							Medication _____							Dose _____							Time _____						
AUGUST							SEPTEMBER							OCTOBER																				
S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S														
												1			2	3	4	5	6															
									5	6	7	8			9	10	11	12	13															
								11	12	13	14	15			16	17	18																	
	21	22	23	24	25			18	19	20	21	22				24	25	26	27															
	28	29	30	31				25	26	27	28				30	31																		
NOVEMBER							DECEMBER							JANUARY																				
			1	2	3							1				2	3	4	5															
	6	7	8	9	10			4	5	6	7	8			8	9	10	11																
	13	14	15	16	17			11	12	13	14	15				16	17	18	19															
	20	21						18	19						22	23	24	25	26															
	27	28	29	30											29	30	31																	
FEBRUARY							MARCH							APRIL																				
				1	2																													
	5	6	7	8	9			4	5	6	7	8			8	9	10	11	12															
	12	13	14	15	16			11	12	13	14	15			15	16	17	18																
		20	21	22	23			18	19	20	21	22			22	23	24	25	26															
	26	27	28	29					26	27	28	29			29	30																		
MAY							JUNE							*ATTENTION*																				
			1	2	3																													
	6	7	8	9	10																													
	13	14	15	16	17																													
	20	21	22	23	24																													
		28	29	30																														

**\*ATTENTION\***

Each box should be marked with time and initials of the person administering medication or coded as follows:

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

School: \_\_\_\_\_

School Year: 2023 - 24

Name: \_\_\_\_\_

Medication: \_\_\_\_\_

Student ID: \_\_\_\_\_ Diagnosis code: \_\_\_\_\_

Time Duration: \_\_\_\_\_  
(exa: 12:00-12:05)

**MEDICATION COUNT**

Date	Quantity of Medication	School Rep. Signature	Parent Signature	Expiration Date

**Documentation of Lost or Incorrectly Administered Medication**

(Each entry requires a signature and date)

- **Lost / 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)

DATE	

Medication Administrator's Signature	Initials

Medication Administrator's Signature	Initials

Nurse is **required** to sign all student Medication Administrations Records with credentials.