SCHOOL_____

LONG TERM MEDICATION RECORD

6.405 Exhibit E

YEAR_____

Administered by:	Initials:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

STUDENT NAME _____ DOB _____

SCHOOL _____ GRADE _____ DATE _____

PHYSICIAN _____ PHONE _____

MEDICATION _____ PHARMACY _____

DOSAGE _____milligrams _____tabs/capsules/puffs OTHER _____
(Circle One) (Please Indicate)

TIME TO BE ADMINISTERED _____LUNCH _____A.M_____P.M.

_____PHYSICIAN'S Order On File ____ SIGNED Parental Request on File
(If Necessary)

TRANSCRIBED BY_____

_____

MEDICATION

Possible Side Effects

_____

_____

_____

ADMINISTRATIVE LEGEND

A	Absent
H	Holiday
W	Weekend
S	Snow Day
R	Refused/ Notify Parent
N/A	Medication not Available

THE -5- RIGHTS

Right ***STUDENT***
Right ***MEDICATION***
Right ***DOSAGE***
Right ***TIME***
Right ***ROUTE***

Month / Day	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																															
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