

Individual Student Medication Record

Student Name: _____ Age: _____ Grade: _____ Room #: _____ Allergies: _____

Parent Phone #: _____ Emergency Contact: _____

Med 1: _____ Dr. Rx: _____ Dr. Phone #: _____ Dose/Route: _____ Time: _____

Med 2: _____ Dr. Rx: _____ Dr. Phone #: _____ Dose/Route: _____ 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
Aug.																															
Sept.																															
Oct.																															
Nov.																															
Dec.																															
Jan.																															
Feb.																															
Mar.																															
Apr.																															
May																															
June																															

Codes: (X) Weekend (H) Holiday (E) Early Dismissal (S) Snow Day (N) No Medication Available (W) Dose Withheld (A) Absent (P) See Progress Notes on Back

Signature Person Administering	Title	Initials	Date

Medication Returned Date Initials

Medication Destroyed Date Initials

Amt. Rec'd. Date Initials	Amt. Rec'd. Date Initials

*Note documentation of possible medication side effects, physician contact, unusual circumstances, and parental notifications is found in the student medication progress notes on reverse.

