**CLINIC – MEDICATION RECORD** **Month / Year** _____

| Order Date | Student name Medication & dosage | Teacher Time | | | | | | | | | | | | | | | | | | | | | | |
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**DAILY MEDS**

**"As Needed" (PRN) Medication**

Student:______________________________Teacher:______________ Date

Ordered:_____________

Medication:____________________

Dosage:________________________________________

Instructions:________________________________________________________________

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| Date | Time | Comment | Initial |
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