

Western Heights Public Schools MEDICATION RECORD 2020-21

Student Name _____ Grade _____ Teacher/School _____
 Medication _____ Dosage _____ Time _____

August 2020					September 2020					October 2020				
M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
-----	-----	-----	-----	-----	-----	1	2	3	4	-----	-----	-----	1	2
-----	-----	-----	-----	-----	No School	8	9	10	11	5	6	7	8	9
-----	-----	19	20	21	14	15	16	17	No School	12	13	14	No School	No School
24	25	26	27	28	21	22	23	24	25	19	20	21	22	23
31	-----	-----	-----	-----	28	29	30	-----	-----	26	27	28	29	30
November 2020					December 2020					January 2021				
M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
2	3	4	5	No School	-----	1	2	3	4	-----	-----	-----	-----	No School
9	10	11	12	13	7	8	9	10	11	No School	5	6	7	8
16	17	18	19	20	14	15	16	17	18	11	12	13	14	15
No School	No School	No School	No School	No School	No School	No School	No School	No School	No School	No School	19	20	21	22
30	-----	-----	-----	-----	No School	No School	No School	No School	-----	25	26	27	28	29
February 2021					March 2021					April 2021				
M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
1	2	3	4	5	1	2	3	4	5	-----	-----	-----	1	No School
8	9	10	11	12	8	9	10	11	12	5	6	7	8	9
No School	16	17	18	19	No School	No School	No School	No School	No School	12	13	14	15	16
22	23	24	25	26	22	23	24	25	26	19	20	21	22	23
-----	-----	-----	-----	-----	29	30	31	-----	-----	26	27	28	29	30
May 2021					N=No Med A=Absent O=No Show DC=Discontinue									
M	T	W	T	F	Initials _____ Signature _____ Initials _____ Signature _____ Initials _____ Signature _____ Initials _____ Signature _____ Medication picked up by Parent: Date _____ Parent Signature _____									
3	4	5	6	7										
10	11	12	13	14										
17	18	19	20	21										
24	25	26	27	No School										