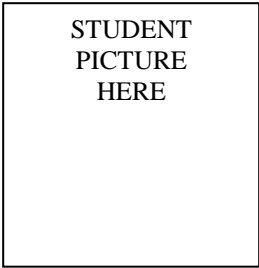


STUDENTS



09.2241 AP.22
(CONTINUED)

Student Medication Logs
STUDENT MEDICATION ADMINISTRATION RECORD

SCHOOL YEAR: _____

NAME OF STUDENT: _____ DATE OF BIRTH: _____ GENDER: _____ GRADE: _____
 ALLERGIES: _____ NAME AND DOSE OF MEDICATION: _____
 ROUTE: _____ TIME(S) GIVEN AT SCHOOL: _____ POSSIBLE SIDE EFFECTS: _____
 Classroom teacher when medication is due: _____ Health Care Provider Name/Phone #: _____
 Emergency Contact Names/Phone #: _____

DIRECTIONS: Initial administration or use codes below. A complete signature and initials of each person administrating medication should be included below.

	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																															
July																															

Authorized person(s) administering or counting medication: Signature/Initials _____/_____ _____/_____ _____/_____ _____/_____	<p align="center">Documentation Codes:</p> <p>(A) Absent (R) Refused* (W) Dosage withheld* (E) Early dismissal (F) Field trip (X) No school (N) No medication available* (S) Self-administered</p> <p>*Documentation required in student's health file and parent/guardian to be contacted. Please notify teachers if medication is withheld for any reason. Documentation of medication count is on the back of this form.</p>
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