RECORDS OF CONTROLLED MEDICATION

USE A SEPARATE FORM FOR EACH MEDICATION

This form will be sent to the Central Office at the completeion of the school year

| STUDENT NAME  |                          |               |        |        |                  |         |        |         | DOB        |         |        |            |          | SCHC  | SCHOOL YEAR    | EAR,     |      |    |         | SCHOOL   | Ď,       |    |    |       |      | GRADE | DE |    |   |          |
|---|--------------------------|---------------|--------|--------|------------------|---------|--------|---------|------------|---------|--------|------------|----------|-------|----------------|----------|------|----|---------|----------|----------|----|----|-------|------|-------|----|----|---|----------|
| MEDICATION  |                          |               |        |        |                  |         |        |         | DOSE       |         |        |            |          | TIME  |                |          |      |    |         |          |          |    |    |       |      |       |    |    |   |          |
| FROM  |                          |               |        |        |                  |         |        | ď       |            | :       |        |            |          | -     |                |          |      |    |         |          |          |    |    |       |      |       |    |    |   |          |
| See "Authorizations/Parental consent for medicaiton administration" attached to this form for instuction and reference.   | Parental co              | nsent         | for me | dicait | on adr           | ninistr | ation" | attacl  | ned to     | this fo | orm to | or inst    | ction    | and r | eferer         | ;<br>Ge. | ;    | ;  | 3       | 2        | 3        | 3  | ?  | 3     | 3    | 3     | 3  | 3  | 3 | 2        |
|   | 1 2                      | ω             | 4      | ហ      | თ                | 7       | ω      | စ       | 6          |         | 12     | သ          | 4        | 3     | 16             | 17       | 18   | 16 | 22      | <u>N</u> | 12       | 23 | 24 | 22    | 26   | 2/    | 20 | 25 | ٥ | <u>0</u> |
| August  |                          |               |        |        |                  |         |        |         |            |         |        |            |          |       |                |          |      |    |         |          |          |    |    |       |      |       |    |    |   |          |
| O Copies |                          |               |        |        |                  |         |        |         |            |         |        |            |          |       |                |          |      |    |         |          |          |    |    |       |      |       |    |    |   |          |
| September   |                          |               |        |        |                  |         |        |         |            |         |        |            |          |       |                |          |      |    |         |          |          |    |    |       |      |       |    |    |   |          |
| October   |                          |               |        |        |                  |         |        |         |            |         |        |            |          |       |                |          |      |    |         |          |          |    |    |       |      |       |    |    |   |          |
| November  |                          |               |        |        |                  |         |        |         |            |         |        |            |          |       |                |          |      |    |         |          |          |    |    |       |      |       |    |    |   |          |
| January   |                          |               |        |        |                  |         |        |         |            |         |        |            |          |       |                |          |      |    |         |          |          |    |    |       |      |       |    |    |   |          |
| ent   | RE=Refusted              | NS=No School  | Scho   |        | DC=Discountinued | scoun   | tinuec |         | CH=Changed | anged   |        | HO=Holiday | iday     | FT=   | FT= Field Trip | Trip     |      |    |         |          |          |    |    |       |      |       |    |    |   |          |
|   |                          |               |        |        | Intials:         |         |        | ar      |            |         |        |            | Intials: |       |                | Name:    | iń   |    |         |          | Intials: | 99 |    | Name: | i.i. |       |    |    |   |          |
| *See Febuary - June on back   | on back                  |               |        |        |                  |         |        |         |            |         |        |            |          |       |                |          |      |    |         |          |          |    |    |       |      |       |    |    |   |          |
| Date of medication  | Amount<br>Checked in and | Int<br>in and | n.     | ntiak  |                  | Date    |        | Comment | nent       |         |        |            |          |       |                |          | Date |    | Comment | nent     |          |    |    |       |      |       |    |    |   |          |
|   |                          |               |        |        |                  |         |        |         |            |         |        |            |          |       |                |          |      |    |         |          |          |    |    |       |      |       |    |    |   |          |
|   |                          |               |        |        |                  |         |        |         |            |         |        |            |          |       |                |          |      |    |         |          |          |    |    |       |      |       |    |    |   |          |
|   |                          |               |        |        |                  |         |        |         |            |         |        |            |          |       |                |          |      |    |         |          |          |    |    |       |      |       |    |    |   |          |
|   | -                        |               |        |        |                  |         |        |         |            |         |        |            |          |       |                |          |      |    |         |          |          |    |    |       |      |       |    |    |   |          |

## RECORDS OF CONTROLLED MEDICATION continued

| Date of medication check in        | Intials  | June AB=Absent RE=Refused | Мау | April | March | February |    | FROM       | MEDICATION | STIDENT NAME |
|------------------------------------|----------|---------------------------|-----|-------|-------|----------|----|------------|------------|--------------|
| Amo                                | Name:    | 1 1                       |     |       |       |          |    | rental c   |            |              |
| Amount Checked in and in Container |          | NS=No School              |     |       |       |          | 2  | onsent fo  |            |              |
| cked in tainer                     |          | School                    |     |       |       |          | 3  | or medic   |            |              |
|                                    |          | DC=D                      |     |       |       |          | 4  | aiton ad   |            |              |
| Intials                            |          | DC=Discountinued          |     |       |       |          | 5  | ninistrat  |            |              |
|                                    | Intials: | 1 1                       |     |       |       |          | 6  | ion" atta  |            |              |
| Date                               |          | CH≕Changed                |     |       |       |          | 7  | ched to    |            |              |
|                                    |          | 1 1                       |     |       |       |          | œ  | this form  |            |              |
| Comment                            | Name:    | HO=Holiday                |     |       |       |          | 9  | n for inst |            |              |
| ent                                |          | 1 1                       |     |       |       |          | 10 | uction ar  | DOSE       | DOB          |
|                                    |          | FT= Field Trip            |     |       |       |          | =  | ıd refere  |            |              |
|                                    |          | 1 1                       |     |       |       |          | 12 | nce.       |            |              |
|                                    |          | OOM=Out of Medication     |     |       |       |          | 13 |            |            |              |
|                                    | Intials: | ut of Med                 |     |       |       |          | 14 |            |            |              |
|                                    |          | dication                  |     |       |       |          | 15 |            | TIME       | SCHOO        |
|                                    |          |                           |     |       |       |          | 16 |            |            | SCHOOL YEAR  |
|                                    | Name:    |                           |     |       |       |          | 17 |            |            |              |
| Date                               |          |                           |     |       |       |          | 18 |            |            |              |
|                                    |          |                           |     |       |       |          | 19 |            |            |              |
| Comment                            |          |                           |     |       |       |          | 20 |            |            | ω.           |
|                                    |          |                           |     |       |       |          | 21 |            |            | SCHOOL       |
|                                    | Intials: |                           |     |       |       |          | 22 |            | 1          |              |
|                                    |          |                           |     |       |       |          | 23 |            |            |              |
|                                    | z        |                           |     |       |       |          | 24 |            |            |              |
|                                    | Name:    |                           |     |       |       |          | 25 |            |            |              |
|                                    |          |                           |     |       |       |          | 26 |            |            | ଦ୍ର          |
|                                    |          |                           |     |       |       |          | 27 |            | l          | GRADE        |
|                                    |          |                           |     |       |       |          | 28 |            |            |              |
|                                    |          | ]  -                      | _   |       |       |          | 29 |            |            |              |
|                                    |          | -                         |     |       |       |          | 30 |            |            |              |
|                                    |          |                           |     |       |       |          | 31 |            |            |              |