



**RECORDS OF CONTROLLED MEDICATION**  
continued

Discipliner Code: ACBD-E7

STUDENT NAME \_\_\_\_\_ DOB \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_  
 MEDICATION \_\_\_\_\_ DOSE \_\_\_\_\_ TIME \_\_\_\_\_  
 FROM \_\_\_\_\_ TO \_\_\_\_\_

See "Authorizations/Parental consent for medication administration" attached to this form for instruction and reference.

	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
February																															
March																															
April																															
May																															
June																															

AB=Absent RE=Refused NS=No School DC=Discontinued CH=Changed HO=Holiday FT= Field Trip OOM=Out of Medication

Initials: \_\_\_\_\_ Name: \_\_\_\_\_ Initials: \_\_\_\_\_ Name: \_\_\_\_\_ Initials: \_\_\_\_\_ Name: \_\_\_\_\_ Initials: \_\_\_\_\_ Name: \_\_\_\_\_

Date of medication check in	Amount Checked in and in Container	Initials	Date	Comment	Date	Comment