Descriptor Code: ACBD-E4

RECORD OF OVER THE COUNTER MEDICATION

USE A SEPARATE FORM FOR EACH MEDICATION

The form will be sent to the Central Office at the completion of the school year

STUDENT'S NAME:	
MEDICATION:	

DIRECTIONS: Use your initials to document when you provided medication or a code from below to indicate why medication was not provided.

Date	Time	Dose	Code	Notes	Staff Initial	Guardian Initial	Guardian Name Print

Codes: A – Absent, ED – Early Dismissal, F – Field Trip, N – No Medication Available, R – Refused, X – No School