

STUDENT MEDICATION ADMINISTRATION RECORD															SCHOOL YEAR 2026-2027										☐ SCHEDULED		☐ PRN																				
Student Name:					Student ID #:					DOB:					Allergies:					Total Meds Given	Med Count Complete Date & Initial																										
Medication:					Strength:					Dosage:					Time to Give:																																
Month		12		13		14		17		18		19		20		21		24		25		26		27		28		31																			
AUG		TIME																																													
		INITIAL																																													
AUG		TIME																																													
		INITIAL																																													
Month		1		2		3		4		7		8		9		10		11		14		15		16		17		18		21		22		23		24		25		28		29		30			
SEP		TIME																																													
		INITIAL																																													
SEP		TIME																																													
		INITIAL																																													
Month		1		2		5		6		7		8		9		12		13		14		15		16		19		20		21		22		23		26		27		28		29		30			
OCT		TIME																																													
		INITIAL																																													
OCT		TIME																																													
		INITIAL																																													
Month		2		3		4		5		6		9		10		11		12		13		16		17		18		19		20		23		24		25		26		27		30					
NOV		TIME																																													
		INITIAL																																													
NOV		TIME																																													
		INITIAL																																													
Month		1		2		3		4		7		8		9		10		11		14		15		16		17		18		21		22		23		24		25		28		29		30		31	
DEC		TIME																																													
		INITIAL																																													
DEC		TIME																																													
		INITIAL																																													
TOTAL MEDS GIVEN																																															

Medication Codes: A = Absent, O = Out of Med, R = Refused, NS = No Show, W = Withheld, C = Comment on Clinic Note, F = On Field Trip, No Med, FT = Field Trip - Teacher Administered, E = Early Release X = Non-School Day									
INITIAL	PRINT NAME	SIGNATURE/TITLE	INITIAL	PRINT NAME	SIGNATURE/TITLE	INITIAL	PRINT NAME	SIGNATURE/TITLE	

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Month		5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29								
JAN		TIME									X																	
		INITIAL																										
JAN		TIME									X																	
		INITIAL																										
Month		1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26							
FEB		TIME										X																
		INITIAL																										
FEB		TIME										X																
		INITIAL																										
Month		1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30	31				
MAR		TIME															X	X	X	X	X							
		INITIAL																										
MAR		TIME															X	X	X	X	X							
		INITIAL																										
Month		1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28	29	30					
APR		TIME											X															
		INITIAL																										
APR		TIME											X															
		INITIAL																										
Month		3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25										
MAY		TIME																										
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