Medication Log

Student Name

Date Started

Medication

Dosage

Time

Frequency

ID No.

Physician

Teacher

Room-Team-Grade

PERMIT

M.D.

Parent

Special Instructions

	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
[illegible]	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H						/	/						/	/
[illegible]	H					/	/						/	/						/	/						/	/			X
[illegible]				/	/			H	H	H	/	/						/	/					H	/	/					
[illegible]	/	/						/	/						/	/						/	/				H	H	/	/	X
[illegible]						/	/						/	/						/	/			H	H	H	/	/	H	H	H
[illegible]	H	H	/	/	H					/	/						/	/						/	/						/
[illegible]	/						/	/				H	H	/	/						/	/						/	X	X	X
[illegible]	/				H	H	/	/						/	/						/	/						/	/		
[illegible]				/	/					H	/	/	H					/	/						/	/					X
[illegible]		/	/						/	/						/	/					H	/	/	H	H	H	H	H	/	/
[illegible]																															

(Time and "initials" must be recorded for each administration.)

INT.	NAME	INT.	NAME

KEY	
H: No School Day	N: No Rx
/: Weekend	R: Refused
A: Absent	S.N.: See Note
	F: Field Trip