

Medication Recording Form

2024-2025

Student: _____ D.O.B: _____ Grade: ____ School: _____ Teacher: _____

Medication/Strength: _____ Dose: _____ Time: _____

	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																			
Aug																																																		
Sept																																																		
Oct																																																		
Nov																																																		
Dec																																																		
Jan																																																		
Feb																																																		
Mar																																																		
Apr																																																		
May																																																		

Staff to Administer:

Name	Signature	Initials	Date Trained

Codes for medication not given:

A	Absent	FT	Fieldtrip
LS	Late start	NM	No meds
LC	Late check-in	PG	Parents gave
EO	Early out	R	Refused
EC	Early check-out	DC	Discontinued