Key: √ - Medication taken (initialed)
A – Student Absent
X – School not in session

MEDICATION RECORD

Doctors Order
Parents Permission

School: _____ **Month/Year:** _____

NAME	G R	Medication: reason, dosage, 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		

Persons Administering Medication:	Signature	Initials	Title	Date