

Individual Medication Log

Student name: _____ Teacher: _____

Medication: _____ Dosage: _____ Route: _____ Time: _____

Date: _____ Physician: _____ Phone #: _____

Special Instructions: _____

Medication received (Pill count): _____ Medication Expires: _____

2012	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	
JUL				H																												
AUG																																
SEP																															X	
OCT																																
NOV																															X	
DEC																															H	
2013	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	
JAN	H	H	H	H																												
FEB																														X	X	X
MAR																																
APR																															X	
MAY																																
JUN																															X	
JUL																																

Initial Name _____

Codes (Chart Reason)

- : Weekend S: Study Trip H: Holiday
 E: Early Dismissal A: Absent W: Dose Withheld
 N: None Available T: Teacher Workday O: No Show

Comments: _____

Final Disposition:

Prescription depleted: _____ Medication Returned to Parents: _____ # of tablets returned: _____

Medication discontinued: _____ Date: ____/____/____

Signature of Nurse: _____