

Canyons School District  
**STUDENT MEDICATION RECORD (2018-19)**  
 (USE ONE FORM PER MEDICATION and/or MEDICATION DOSE)

As needed   
 Daily

Student _____							Grade _____							Medication _____							Dose _____							Time _____						
AUGUST							SEPTEMBER							OCTOBER																				
S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S														
															1	2	3	4	5															
									4	5	6	7			8	9	10	11	12															
								10	11	12	13	14			15	16	17																	
			22	23	24			17	18	19	20				22	23	24	25	26															
	27	28	29	30	31			24	25	26	27	28				30	31																	
				1	2				3	4	5	6	7				2	3	4															
	5	6	7	8	9				10	11	12	13	14			7	8	9	10	11														
	12	13	14	15	16				17	18	19				14	15	16	17																
	19	20														22	23	24	25															
		27	28	29	30										28	29	30	31																
					1																													
	4	5	6	7	8				4	5	6	7	8			8	9	10	11	12														
	11	12	13	14					11	12	13	14	15			15	16	17	18															
		19	20	21	22				18	19	20	21	22			22	23	24	25	26														
	25	26	27	28					25	26	27	28	29			29	30																	
			1	2	3				3	4	5	6																						
	6	7	8	9	10																													
	13	14	15	16	17																													
	20	21	22	23	24																													
		28	29	30	31																													

**\*ATTENTION\***

Each box should be marked with time and initials of the person administering medication or coded as follows:

- A** = Absent
- CO** = Checked Out
- P** = Parent Administered
- NM** = No Medication (Parent Notified)
- NS** = No Show (Parent Notified)
- SC** = School Closed

School: \_\_\_\_\_

School Year: 2018-19

Name: \_\_\_\_\_

Medication: \_\_\_\_\_

**MEDICATION COUNT**

Date	Quantity of Medication	School Rep. Signature	Parent Signature	Expiration Date

**Documentation of Lost or Incorrectly Administered Medication**

(Each entry requires a signature and date)

- **Lost / unaccounted for medications** → (Requires reporting to parent and district nurse)
- **Unusable medications** (ie., dropped on floor, spit out, etc.) → (Requires reporting to parent)
- **Incorrectly administered medication** → (Requires reporting to district nurse)

DATE	

Medication Administrator's Signature	Initials

Medication Administrator's Signature	Initials