

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														
									4	5	6	7			1	2	3	4	5															
															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					30	31																	
NOVEMBER							DECEMBER							JANUARY																				
				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															
	26	27	28	29	30										28	29	30	31																
FEBRUARY							MARCH							APRIL																				
					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															
		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																		
MAY							JUNE							<p>*ATTENTION*</p> <p>Each box should be marked with time and initials of the person administering medication or coded as follows:</p> <p>A = Absent CO = Checked Out P = Parent Administered NM = No Medication (Parent Notified) NS = No Show (Parent Notified) SC = School Closed</p>																				
			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																													

