

Canyons School District
STUDENT MEDICATION RECORD (2019-20)
 (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							
								2	3	4	5	6				1	2	3	4								
								9	10	11	12	13			7	8	9	10	11								
								16	17	18	19	20			14	15	16	17	18								
	19	20	21	22	23			23	24	25	26	27			21	22	23	24	25								
	226	27	28	27	30			30							28	29	30	31									
NOVEMBER							DECEMBER							JANUARY													
					1			2	3	4	5	6						1	2	3							
	4	5	6	7	8			9	10	11	12	13			6	7	8	9	10								
	11	12	13	14	15			16	17	18	19	20			13	14	15	16	17								
	18	19	20	21	22			23	24	25	26	27			20	21	22	23	24								
	25	26	27	28	29			30	31						27	28	29	30	31								
FEBRUARY							MARCH							APRIL													
	3	4	5	6	7			2	3	4	5	6						1	2	3							
	10	11	12	13	14			9	10	11	12	13			6	7	8	9	10								
	17	18	19	20	21			16	17	18	19	20			13	14	15	16	17								
	24	25	26	27	28			23	24	25	26	27			20	21	22	23	24								
								30	31						27	28	29	30									
MAY							JUNE							<p style="text-align: center;">*ATTENTION*</p> <p>Each box should be marked with time and initials of the person administering medication or coded as follows:</p> <ul style="list-style-type: none"> A = Absent CO = Checked Out P = Parent Administered NM = No Medication (Parent Notified) NS = No Show (Parent Notified) SC = School Closed 													
					1																						
	4	5	6	7	8																						
	11	12	13	14	15																						
	18	19	20	21	22																						
	25	26	27	28	29																						

School: _____

School Year: 2019-20

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