

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	19						
	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																		
					1																				
	4	5	6	7	8																				
	11	12	13	14	15																				
	18	19	20	21	22																				
	25	26	27	28	29																				

**\*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: 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