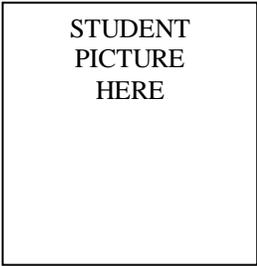




STUDENTS



09.2241 AP.22  
(CONTINUED)

**Student Medication Logs**  
**STUDENT MEDICATION ADMINISTRATION RECORD**

SCHOOL YEAR: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 ALLERGIES: \_\_\_\_\_ NAME AND DOSE OF MEDICATION: \_\_\_\_\_  
 ROUTE: \_\_\_\_\_ TIME(S) GIVEN AT SCHOOL: \_\_\_\_\_ POSSIBLE SIDE EFFECTS: \_\_\_\_\_  
 Classroom teacher when medication is due: \_\_\_\_\_ Health Care Provider Name/Phone #: \_\_\_\_\_  
 Emergency Contact Names/Phone #s: \_\_\_\_\_

**DIRECTIONS:** Initial administration or use codes below. A complete signature and initials of each person administrating medication should be included below.

	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
Aug																															
Sept																															
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Nov																															
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May																															
June																															
July																															

Authorized person(s) administering or counting medication: Signature/Initials _____/_____ _____/_____ _____/_____ _____/_____	<p align="center"><b>Documentation Codes:</b></p> <p>(A) Absent                      (R) Refused*                      (W) Dosage withheld*                      (E) Early dismissal          (F) Field trip                      (X) No school                      (N) No medication available*                      (S) Self-administered</p> <p>*Documentation required in student's health file and parent/guardian to be contacted. Please notify teachers if medication is withheld for any reason. Documentation of medication count is on the back of this form.</p>
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