

Student's Name _____ Medication _____

School _____

School Year: 2009 – 2010 Time to Administer _____ Dosage _____ /Route _____

PLEASE ENTER TIME DRUG WAS GIVEN AND INITIAL (Initials = Swallowed without difficulty-1 unit)

	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June
1				W		H				W	
2						W			H	W	
3			W	½ day		W			W		
4			W						W		
5		W			W				H		W
6		W			W		W	W	H		W
7		H		W			W	W	H		
8				W					H	W	
9				H		W		½ day	H	W	
10			W			W			W		
11			W						W		
12		W			W						W
13		W			W		W	W			W
14				W			W	W			
15				W						W	
16						W				W	
17			W			W			W		
18			W						W		
19		W			W						W
20		W			W		W	W			W
21				W			W	W			
22				W			H			W	
23						W				W	
24			W		H	W			W		
25			W		H				W		
26		W		H	W						W
27		W		H	W		W	W			W
28				W	H	½ day	W	W		H	
29			H	W	H					W	
30			H		H	W			H	W	
31			W		H	W				H	
RN Sign											

KEY: A = Absent R = Refused P = Problem noted, see comments O = No show W = Weekend H = Holiday N = No medication available

Staff Signature(s): _____

Comments: _____