

MEDICATION RECORD

NAME: _____

KEY: √ - medication taken (initialed)

YEAR: _____ GRADE: _____

A- student absent

X – school not in session

Medication: _____

Instructions: _____

MONTH	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
August																														
September																														
October																														
November																														
December																														
January																														
February																														
March																														
April																														
May																														
June																														

**Persons
Administering
Medications**

SIGNATURE	INITIALS	SIGNATURE	INITIALS