

MEDICATION IN SCHOOL

YEAR: 2025-26	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F
AUGUST (time/initial)					1	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29
SEPTEMBER (time/initial)	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30			
OCTOBER (time/initial)			1	2	3	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	27	28	29	30	31
NOVEMBER (time/initial)	3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28					
DECEMBER (time/initial)	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30	31		
JANUARY (time/initial)				1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28	29	30
FEBRUARY (time/initial)	2	3	4	5	6	9	10	11	12	13	16	17	18	19	20	23	24	25	26	27					
MARCH (time/initial)	2	3	4	5	6	9	10	11	12	13	16	17	18	19	20	23	24	25	26	27	30	31			
APRIL (time/initial)			1	2	3	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	27	28	29	30	
MAY (time/initial)					1	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29
JUNE (time/initial)	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30			
JULY (time/initial)			1	2	3	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	27	28	29	30	31

Medication: Dose:	Side Effect:	Person Administering Medication: Initial: Signature: Title:	Pill Count: Date: #:	Rcvd. By: Init.
	Description of Medication:			
Name: _____				
DOB: _____ SS#: _____ School: _____				

- Record time and initial in box when medication is given.
- Check the label 3x for name & dose:
 - When opening
 - When removing Rx
 - When closing container

A = Absent
M = Minimum Day
R = Refused Med*

TW = Tolerated Well
NTW = Not Tolerated Well*
**if Refused Med OR Not Tolerated Well, see attached Progress Notes*