

MEDICATION IN SCHOOL

YEAR: 2024-25	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	2	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28	29	30
SEPTEMBER (time/initial)	2	3	4	5	6	9	10	11	12	13	16	17	18	19	20	23	24	25	26	27	30				
OCTOBER (time/initial)		1	2	3	4	7	8	9	10	11	14	15	16	17	18	21	22	23	24	25	28	29	30	31	
NOVEMBER (time/initial)					1	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29
DECEMBER (time/initial)	2	3	4	5	6	9	10	11	12	13	16	17	18	19	20	23	24	25	26	27	30	31			
JANUARY (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
FEBRUARY (time/initial)	3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28					
MARCH (time/initial)	3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28					
APRIL (time/initial)		1	2	3	4	7	8	9	10	11	14	15	16	17	18	21	22	23	24	25	28	29	30		
MAY (time/initial)				1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28	29	30
JUNE (time/initial)	2	3	4	5	6	9	10	11	12	13	16	17	18	19	20	23	24	25	26	27	30				
JULY (time/initial)		1	2	3	4	7	8	9	10	11	14	15	16	17	18	21	22	23	24	25	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: _____				

- | | | |
|---|--|---|
| <ol style="list-style-type: none"> Record time and initial in box when medication is given. Check the label 3x for name & dose: <ol style="list-style-type: none"> When opening When removing Rx When closing container | A = Absent
M = Minimum Day
R = Refused Med* | TW = Tolerated Well
NTW = Not Tolerated Well*
<i>*if Refused Med OR Not Tolerated Well, see attached Progress Notes</i> |
|---|--|---|