## **STUDENTS**

					73 -FALL Sellies				_				
School:					Grade:			Teac	cher:				
Name of Student: Allergies:													
								Signature/Initials of Staff Administering Med					
								_					_
											/		
					: <u></u>			-					
Starting Date	e:/_	/_	Ending	g Dat	e//			_					_
CODES: TC=Time Constraint If less than five (5) pills are left in													
R = Refused* N=NTI					bottle, please send note home with student and document								
													A = Absent L = Late*
F = Field Tr	•	= Miss	ed*	on	back of this for	m.		(	on back of this form.				
O = Out of	Meds												
								Code					Code/
Date	Time	Initials	Code/ Count		Date	Time	Initials	/Coun	it	Date	Time	Initials	Count
00/46/2022					40/42/2022					42/06/2022			
08/16/2023					10/12/2023					12/06/2023			
08/17/2023					10/13/2023					12/07/2023			
08/18/2023 08/21/2023					10/16/2023					12/08/2023			
08/21/2023					10/17/2023 10/18/2023					12/11/2023 12/12/2023			
08/23/2023					10/18/2023					12/13/2023			
08/24/2023				-	10/19/2023					12/14/2023			
08/25/2023					10/23/2023					12/15/2023			
08/28/2023					10/24/2023					12/18/2023			
08/29/2023					10/25/2023					12/19/2023			
08/30/2023					10/26/2023					12/13/2020			
08/31/2023					10/27/2023								
09/01/2023					10/30/2023								
09/05/2023					10/31/2023								
09/06/2023					11/01/2023								
09/07/2023					11/02/2023								
09/08/2023					11/03/2023								
09/11/2023					11/06/2023								
09/12/2023					11/08/2023								
09/13/2023					11/09/2023								
09/14/2023					11/10/2023								
09/15/2023					11/13/2023								
09/18/2023					11/14/2023								
09/19/2023					11/15/2023								
09/20/2023 09/21/2023					11/16/2023 11/17/2023								
09/21/2023					11/1//2023								
09/25/2023		-		$\dashv$	11/20/2023						-		<del>                                     </del>
09/26/2023					11/27/2023								
09/27/2023		<del>                                     </del>		$\dashv$	11/28/2023						<del>                                     </del>		<del> </del>
09/28/2023		<del>                                     </del>		$\dashv$	11/29/2023						<del>                                     </del>		+
09/29/2023		<u> </u>		$\dashv$	11/30/2023						<u> </u>		<del>                                     </del>
10/09/2023		<u> </u>			12/01/2023						<u> </u>		<u> </u>
10/10/2023					12/04/2023								
10/11/2023		1			12/05/2023			1					

<sup>+</sup> Possible Weather Make-Up Day

a Medication Incident Report must be completed by the person administering medication.

<sup>\*\*</sup> For End-of-Year Disposal of Medications, please see back of this form

<sup>\*</sup> Requires further documentation on back of form. If student has three (3) late or out of med occurrences within 1 month (30 days),

## **MEDICATION ADMINISTRATION RECORDS – DAILY LOG - NOTES**

DATE	NOTES / OBSERVATIONS	STAFF SIGNATURE
DATE	NOTES / OBSERVATIONS	STAFF SIGNATURE
		1
	DISPOSAL OF MEDICATIONS	
Medications will be	disposed of at the end of the prescription or at the end of year if Parent/Guardia The disposal will be witnessed by another school employee and then veri	
Date/	/and Time and Time and pm - Parent/Guardian picked up լ	pills.
Number of Pills Pick	ced Up	
Parent/Guardiar	Signature	Date://

Staff Signature\_\_\_\_\_

Staff Signature\_\_\_\_\_

Staff Signature\_\_\_\_\_

Number of Pills Destroyed \_\_\_\_\_

Date:\_\_\_\_/\_\_\_/

Date:\_\_\_\_/\_\_\_\_/ \_\_\_\_\_

## PRN (AS NEEDED) MEDICATION ADMINISTRATION RECORD

ool:			Grade	:Teache	er:		
ne of Studen	t:				Signature/Initials of Staff Administering Med		
gies:							
dication:							
		Time					
		Ending					
ting Dute							
				re left in bottle, or if inh			
		please send r	ote home with s	tudent and document or	n the bottom of this form.		
Date	Time	Dosage	Initials	Comments (i.e.	Student Response, Parent/Guardian Contacted, etc.)		

<sup>\*</sup> For Disposal of Medications, please see back of this form.

Date

Time

Dosage

Initials

If less than five (5) pills are left in bottle, or if inhaler is almost empty, please send note home with student and document on the bottom of this form.

Comments

				DISPOSAL OF MEDICATIONS				
Medications wi				ne prescription or at the end of year if Parent/Guardian does not pick up by designated date. essed by another school employee and then verified by signing below.				
Date/	_/	and Time		am D pm - Parent/Guardian picked up pills.				
Number of Pills Picked Up								
Parent/Guardia	n Signatu	re						
_								
	Number of Pills Destroyed							
Staff Signature_								