

**RECORD OF MEDICATION**  
 USE A SEPARATE FORM FOR EACH MEDICATION  
 The form will be sent to the Central Office at the completion of the school year

**STUDENT’S NAME:**

**MEDICATION:**

**DIRECTIONS:** Use your initials to document when you provided medication or a code from below to indicate why medication was not provided.

Date	Time	Dose	Code	Notes	Initials

Codes: A – Absent, ED – Early Dismissal, F – Field Trip, N – No Medication Available, R – Refused, X – No School