

MEDICATION RECORD: ADMINISTRATION – PHYSICIAN’S ORDER

School Year: _____ School: _____

Student: _____ DOB: ____/____/____ Teacher: _____ Room: _____

Medication, Route: _____ Physician: _____ Phone: _____

Date, Dose, Time: _____ Comments: _____

Date, Dose, Time: _____

Date, Dose, Time: _____

	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	31
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER																															
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															

INITIALS	NAME	INITIALS	NAME	CODES
_____	_____	_____	_____	_____:Weekend F: Field Trip
_____	_____	_____	_____	H: Holiday A: Absent
_____	_____	_____	_____	D: Early Dismissal O: No Show
_____	_____	_____	_____	N: None Available W: Withheld