

## Student Medication Record 2017-18

Student: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

<b>Route (Circle one)</b>	
<b>Oral</b>	<b>Gastrostomy</b>
<b>Inhaled</b>	<b>Rectal</b>
<b>Nebulized</b>	<b>Injection</b>
<b>Topical</b>	<b>Eye/ear drops</b>

Reason for medication: \_\_\_\_\_

Potential Side effects: \_\_\_\_\_

**Person administering medication will record time and initials as medication is given.**

AUGUST/SEPTEMBER 2017					OCTOBER 2017					NOVEMBER 2017					DECEMBER 2017					JANUARY 2018				
28	29	30	31	1	2	3	4	5	6			1	2	3					1	1	2	3	4	5
4	5	6	7	8	9	10	11	12	13	6	7	8	9	10	4	5	6	7	8	8	9	10	11	12
11	12	13	14	15	16	17	18	19	20	13	14	15	16	17	11	12	13	14	15	15	16	17	18	19
18	19	20	21	22	23	24	25	26	27	20	21	22	23	24	18	19	20	21	22	22	23	24	25	26
25	26	27	28	29	30	31				27	28	29	30		25	26	27	28	29	29	30	31		

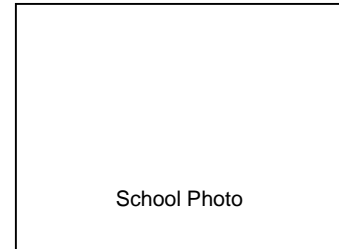
FEBRUARY 2018					MARCH 2018					APRIL 2018					MAY 2018					JUNE 2018				
			1	2				1	2	2	3	4	5	6		1	2	3	4					1
5	6	7	8	9	5	6	7	8	9	9	10	11	12	13	7	8	9	10	11	4	5	6	7	8
12	13	14	15	16	12	13	14	15	16	16	17	18	19	20	14	15	16	17	18	11	12			
19	20	21	22	23	19	20	21	22	23	23	24	25	26	27	21	22	23	24	25					
26	27	28			26	27	28	29	30	30					28	29	30	31						

Signature and title of personnel authorized to give medications

Initials

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



11:21

