

## Student Medication Record 2015-2016

Student: \_\_\_\_\_ ID# \_\_\_\_\_ Room/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: \_\_\_\_\_

Medication Consent: _____
Physician/Clinic Date: _____
Parent/Guardian Date: _____
LSN Approval Date: _____
LSN Review Date and Initials: _____

**Person administering medication will record time and initials as medication is given. Notify school nurse for any new or change of medication or of possible side effects.**

AUGUST/SEPTEMBER 2015					OCTOBER 2015					NOVEMBER 2015					DECEMBER 2015					JANUARY 2016				
24	25	26	27	28				1	2	2	3	4	5	6		1	2	3	4					1
																								X
31	1	2	3	4	5	6	7	8	9	9	10	11	12	13	7	8	9	10	11	4	5	6	7	8
7	8	9	10	11	12	13	14	15	16	16	17	18	19	20	14	15	16	17	18	11	12	13	14	15
X							X	X	X						X	X	X	X	X	X	X	X	X	X
14	15	16	17	18	19	20	21	22	23	23	24	25	26	27	21	22	23	24	25	18	19	20	21	22
												X	X	X	X	X	X	X	X	X	X			
21/28	22/29	23/30	24	25	26	27	28	29	30	30					28	29	30	31		25	26	27	28	29
								X	X						X	X	X	X						

FEBRUARY 2016					MARCH 2016					APRIL 2016					MAY 2016					JUNE 2016				
1	2	3	4	5		1	2	3	4					1	2	3	4	5	6			1	2	3
														X										
8	9	10	11	12	7	8	9	10	11	4	5	6	7	8	9	10	11	12	13	6	7	10	11	12
				X																		X	X	X
15	16	17	18	19	14	15	16	17	18	11	12	13	14	15	16	17	18	19	20					
X																								
22	23	24	25	26	21	22	23	24	25	18	19	20	21	22	23	24	25	26	27					
29					28	29	30	31		25	26	27	28	29	30	31								
					X	X	X	X							X									

**Signature and title of personnel authorized to give medications**

**Initials**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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<b>Codes:</b>	
St = Start meds	*T = Tardy
A = Absent	*DC = Discontinued
N = No medication	*R = Refused
*FT = Field trip	NN = See narrative notes
S = Suspension	*U = Unable to locate student
*Needs comment in narrative notes	

School Photo
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