

Medication Expiration Date _____

Jordan School District

STUDENT MEDICATION RECORD (2023-24)

Elementary Schools

(USE ONE FORM PER MEDICATION and/or MEDICATION DOSE)

As needed
Daily

| Student | Grade | | | | | | | Teacher | | | | | | | Medication | | | | | | | 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 |
| Jul | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Upon medication administration, each box should be marked with time and initials of the person administering medication or coded as follows:

A = Absent **CO** = Checked Out **P** = Parent Administered **NM** = No Medication (Parent Notified) **NS** = No Show (Parent Notified) **SC** = School Closed

School: _____

School Year: _____

Name: _____

Medication: _____

MEDICATION COUNT

| Date | Qty. of Med. | School Rep. Signature | Parent Signature |
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| Date | Qty. of Med. | School Rep. Signature | Parent Signature |
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| Date | Qty. of Med. | School Rep. Signature | Parent Signature |
|------|--------------|-----------------------|------------------|
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Documentation of Lost or Incorrectly Administered Medication
(Each entry requires a signature and date)

Lost or unaccounted for medications (Requires reporting to parent and district nurse):

Unusable medications (ie., dropped on floor, spit out, etc.) (Requires reporting to parent):

Incorrectly administered medication (Requires reporting to district nurse):

| Medication Administrator's Signature | Initials |
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| Date | Notes: |
|------|--------|
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