

Medication Expiration Date \_\_\_\_\_

Jordan School District

# STUDENT MEDICATION RECORD (2024-25)

## 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
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

Date	Qty. of Med.	School Rep. Signature	Parent Signature

Date	Qty. of Med.	School Rep. Signature	Parent Signature

**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

Date	Notes: