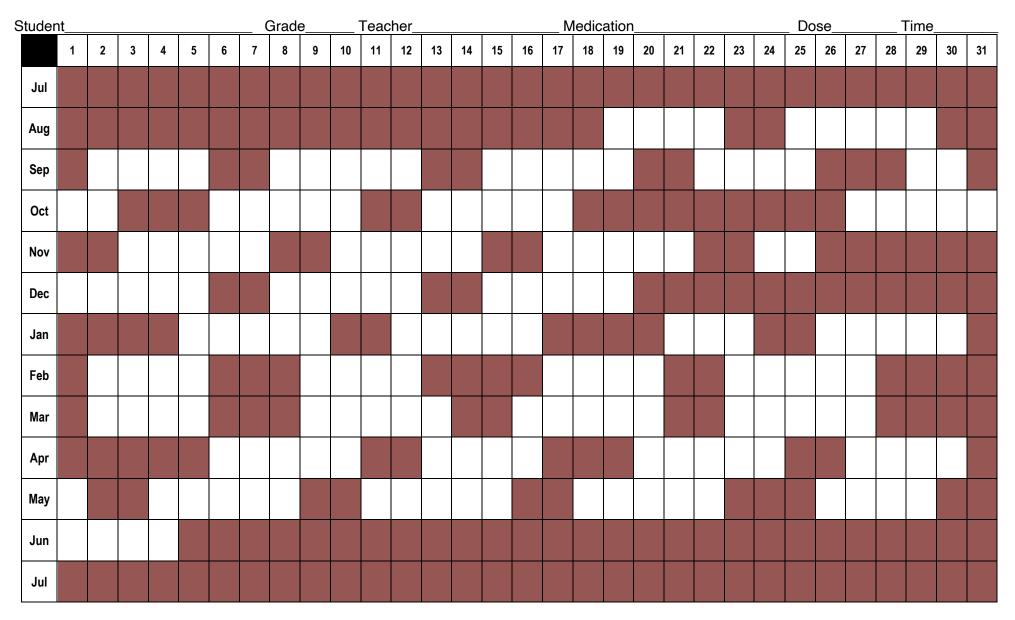
Jordan School District

STUDENT MEDICATION RECORD (2025-26)

Middle Schools and High Schools

As needed Daily

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



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

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 |
|------|-----------------|--------------------------|------------------|------|-----------------|--------------------------|------------------|------|-----------------|--------------------------|------------------|
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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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