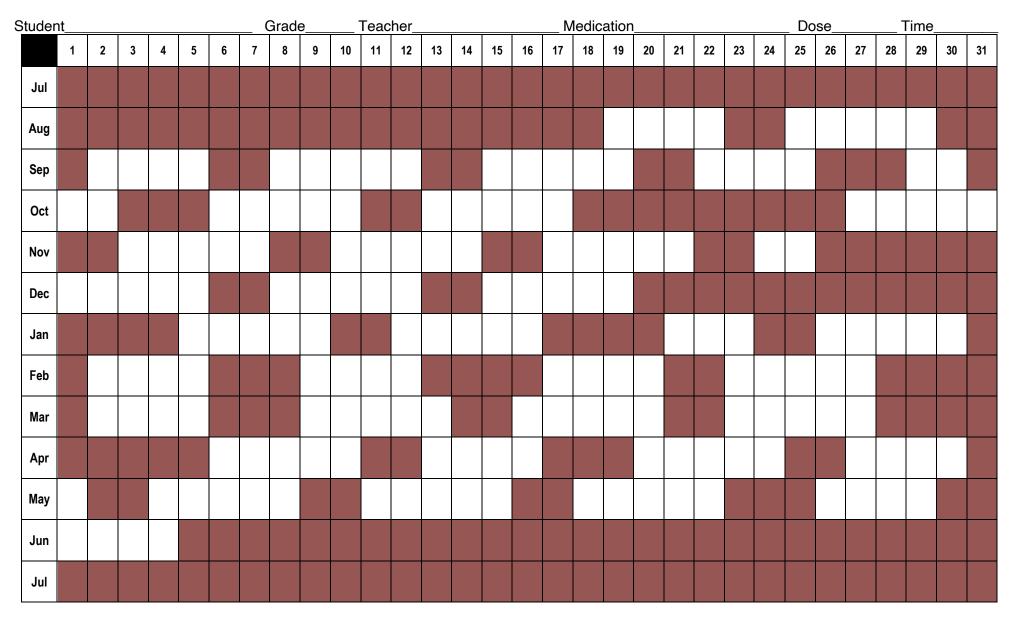
Jordan School District

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

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:
