

Medication Expiration Date_____

Jordan School District

STUDENT MEDICATION RECORD (2025-26)

Middle Schools and High 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

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: