Medication Expiration Date_____ Jordan School District

STUDENT MEDICATION RECORD (2026-27)

Elementary Schools

As needed ❑
Daily ❑

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

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: