

MEDICATION RECORD: ADMINISTRATION----PHYSICIAN'S ORDER

School Year: _____ School: _____ Grade: _____
 Student _____ DOB: ____/____/____ Teacher: _____ Room _____
 Medication, Route: _____ Physician: _____ Phone: _____
 Physician Address: _____
 Date: ____/____/____ Dose: _____ Time: _____
 Comments: _____

	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
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER																															
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															

INITIAL	NAME	INITIAL	NAME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CODES

--: Weekend	F: Field Trip
T: Teacher Inservice	S: Suspension
H: Holiday	D: Early Dismissal
SN: Snow	C: Conference
A: Absent	W: Dose Withheld
N: None Available	O: No Show