

INDIVIDUAL STUDENT MEDICATION CALENDAR _____ (School Year)

Student _____ School _____ Grade _____ DOB _____

Medication _____ Dose _____ Time _____ Route (how given) _____

Date Started _____ Date Discontinued _____ Discontinued By _____

Medication disposed of (5 days after DC): Date _____ Initials _____ Witness Initials _____

CODES: Initials=*Given* SA=*Student Absent* NS=*No Show* NM=*No Med Available* DC=*Discontinued* EO=*Early Out*

MONTH	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																															
July																															

Signature _____ Initials _____ Signature _____ Initials _____

Signature _____ Initials _____ Signature _____ Initials _____

Contact with parent/guardian (Date, time, initial) _____
