SCHOOL DISTRICT OF PHILLIPS
<u>Student Medication Administration Log and Procedures</u>

| Student Name | | | Student Number | | | Grade | | |

| Number of days medication is to be given | | | Starting date | | | | | |

| Medication | | Dosage
One /　　　Two/　　　Three | | | Time to be given
One /　　　Two/　　　Three/ | | | |

| Parent Contact | | | Parent Phone Number (day-time) | | | | | |

Date	*Time	Initials	Date	*Time	Initials	Date	*Time	Initials	Date	*Time	Initials

*Codes – Use if time is not filled in

A:　　　Absent
D:　　　Early Dismissal　　　Initial _____　　Name _____
E:　　　Medication Bottle Empty
F:　　　Field Trip　　　Initial _____　　Name _____
H:　　　Holiday
N:　　　No School　　　Initial _____　　Name _____
O:　　　No Show (Not Absent)
W:　　　Dose Withheld　　　Initial _____　　Name _____
X:　　　Discontinued