

RECORDING FORM

Name _____ School _____ School Year _____

MEDICATION (Name, dosage, route, time, specific instructions) HEALTH CARE (Name, time, specific instructions, attach individualized procedure)

PHYSICIAN

	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
Aug.																															
Sep.																															
Oct.																															
Nov.																															
Dec.																															
Jan.																															
Feb.																															
Mar.																															
Apr.																															
May																															
Jun.																															
Jul.																															

Signature Person Administering	Initials	Date	Signature Person Administering	Initials	Date

Use one sheet per medication/health care

Write time, cross off and initial

Sign and date at bottom only once to identify initials

Enter additional comments on back.

A=Absent
X=No School

E=Error, not administered,
Comment on back,
and file incident report

Amt.
Rcvd

Date

Disposition

Date

Depleted

Discontinue

Returned

Destroyed
