

# LONG COUNTY SCHOOL HEALTH SERVICES

## MEDICATION RECORD

(School Year: 2017-2018)

Student \_\_\_\_\_ Teacher \_\_\_\_\_ School/Grade \_\_\_\_\_

Medication \_\_\_\_\_ Dose/Route \_\_\_\_\_ Time (s) of Administration \_\_\_\_\_

Date med started \_\_\_\_\_ Allergies \_\_\_\_\_ DOB \_\_\_\_\_

Record Time Given and Initial * Sign full Signature below														Codes: A = Absent S = Spit out M = Med Low Notification										N = No Medication Available R = Refused F = Field Trip								
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	
AUG					X	X						X	X						X	X						X	X					
SEP		X	X	X					X	X						X	X						X	X							X	X
OCT	X					X	X	X	X					X	X						X	X							X	X		
NOV				X	X					X	X	X						X	X	X	X	X	X	X	X	X	X					X
DEC		X	X						X	X						X	X	X					X	X	X	X	X	X	X	X	X	X
JAN	X	X	X			X	X						X	X	X					X	X							X	X			
FEB			X	X						X	X						X	X	X					X	X				X	X	X	
MAR			X	X					X	X	X	X					X	X						X	X							X
APR	X	X	X	X	X	X	X	X						X	X						X	X							X	X		X
MAY					X	X						X	X						X	X			X	X	X	X	X	X	X	X	X	X
JUN	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Initial \_\_\_\_\_ Name \_\_\_\_\_  
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Initial \_\_\_\_\_ Name \_\_\_\_\_  
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Initial \_\_\_\_\_ Name \_\_\_\_\_  
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