

2004-2005 INDIVIDUAL STUDENT MEDICATION RECORD

__ RN NOTIFIED: Faxed Form 351 and Form 352 to the ATTN of District Nurse 652-4720

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: *Initial*= Given *SA*=Student Absent *NS*=No Show *NM*=No Med Available *DC*=Discontinued

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																																													
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July																																													

Signature _____ Initials _____

Signature _____ Initials _____

Signature _____ Initials _____

Signature _____ Initials _____

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