

Clarksville-Montgomery County School System
HEALTH SERVICES
STUDENT MEDICATION RECORD

EXPIRATION DATE:

STUDENT:

MEDICATION:

DOSE:

	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	SCHOOL YEAR:	
1												School:	
2												DOB:	Grade:
3												Physician:	
4												Phone:	
5												Time to be Administered:	
6												Physician's order on file? (Yes) (No) (OTC)	
7													
8												Parental permission on file for student to self-administer medication? (Yes) (No)	
9													
10												Administered by:	Initials:
11													
12													
13													
14													
15												Possible Side Effects:	
16													
17													
18													
19													
20													
21												Administration Key:	
22												X=No School	
23												O=Student Refuses/Parent Notified	
24												A=Student Absent	
25												N=None Available	
26												W=Dose Withheld	
27												<u>Right Student</u>	
28												<u>Right Medication</u>	
29												<u>Right Dose</u>	
30												<u>Right Time</u>	
31												<u>Right Route</u>	

Medication Disposal:

School Nurse

Witness

Date