Canyons School District

STUDENT MEDICATION RECORD (2025-26)

(USE ONE FORM PER MEDICATION and/or MEDICATION DOSE)

As needed Daily Dime_

Stude	nt		41.6.			Gra	de	Me	dication					T	_ Dose_			_ Time_		
AUGUST			SEPTEMBER						OCTOBER											
S	М	Т	W	TH	F	S	S	М	Т	W	TH	F	S	S	М	Т	W	TH	F	S
									2	3	4	5					1	2	3	
								8	9	10	11	12			6	7	8	9	10	
								15	16	17	18	19			13	14	15	16	17	
	18	19	20	21	22			22	23	24	25	26			20	21	22			
	25	26	27	28	29				30							28	29	30	31	
NOVEMBER				DECEMBER					JANUARY											
							1 2 3 4 5													
	3	4	5	6	7			8	9	10	11	12			5	6	7	8	9	
	10	11	12	13	14			15	16	17	18	19			12	13	14	15		
	17	18	19	20	21											20	21	22	23	
	17	10	19	20	21											20	21	22	25	
	24	25													26	27	28	29	30	
			FERRII	ARV						MARCH	4						APRIL		1	
FEBRUARY									1 2 3											
	2	3	-	3				_		4							l '	_	3	
	9	10	11	12				9	10	11	12	13								
		17	18	19	20			16	17	18	19	20			13	14	15	16	17	
	23	24	25	26					24	25	26	27			20	21	22	23		
								30	31						27	28	29	30		
			MAY	7						JUNE						* A T) }		
MAY				JUNE						*ATTENTION* Each box should be marked with time and initials										
					1									Each	box sho	uld be m	arked w	vith time	and initi	als
														of the	person	administ	ering m	edicatio	n or cod	ed
	4	5	6	7	8									as foll	ows:					
														A = Absent						
	11	12	13	14	15									CO = Checked Out						
														EO = School Out Early						
	18	19	20	21	22									P = Parent Administered						
														NM = No Medication (Parent Notified)						
		26	27	28	29									N:	S = No S	Show (Pa	arent No	otified)		
																ool Close		•		
					1									I)						

Schoo	ıl:		School Year: 2025 - 26	School Year: 2025 - 26						
Name:			Medication:							
Stude	nt ID:	Time Duration:(exa: 12:00-12:05)								
		MEDICATION	N COUNT							
Date	Quantity of Medication	School Rep. Signature	Parent Signature	Expiration Date						
DATE	 Unusable medic 	ted for medications → (Requires reporations (ie., dropped on floor, spit out, etcinistered medication → (Requires repor	c.) → (Requires reporting to parent)							
N	Medication Administrate	or's Signature Initials	Medication Administrator's Signature	Initials						