Canyons School District
STUDENT MEDICATION RECORD (2023-24)
(USE ONE FORM PER MEDICATION and/or MEDICATION DOSE)

As needed ❑
Daily ❑

Student_____ Grade_____ Medication_____ Dose_____ Time_____

AUGUST

S	M	T	W	TH	F	S
	21	22	23	24	25	
	28	29	30	31		

SEPTEMBER

S	M	T	W	TH	F	S
					1	
	5	6	7	8		
	11	12	13	14	15	
	18	19	20	21	22	
	25	26	27	28	29	

OCTOBER

S	M	T	W	TH	F	S
	2	3	4	5		
	9	10	11	12	13	
	16	17	18			
	23	24	25	26	27	
	30	31				

NOVEMBER

S	M	T	W	TH	F	S
			1	2	3	
	6	7	8	9	10	
	13	14	15	16	17	
	20	21				
	27	28	29	30		

DECEMBER

S	M	T	W	TH	F	S
					1	
	4	5	6	7	8	
	11	12	13	14	15	
	18	19				

JANUARY

S	M	T	W	TH	F	S
		2	3	4	5	
	8	9	10	11		
		16	17	18	19	
	22	23	24	25	26	
	29	30	31			

FEBRUARY

S	M	T	W	TH	F	S
				1	2	
	5	6	7	8	9	
	12	13	14	15		
		20	21	22	23	
	26	27	28	29		

MARCH

S	M	T	W	TH	F	S
					1	
	4	5	6	7	8	
	11	12	13	14	15	
	18	19	20	21	22	
		26	27	28	29	

APRIL

S	M	T	W	TH	F	S
	8	9	10	11	12	
	15	16	17	18		
	22	23	24	25	26	
	29	30				

MAY

S	M	T	W	TH	F	S
			1	2	3	
	6	7	8	9	10	
	13	14	15	16	17	
	20	21	22	23	24	
		28	29	30		

JUNE

S	M	T	W	TH	F	S

ATTENTION

Each box should be marked with time and initials of the person administering medication or coded as follows:

A = Absent

CO = Checked Out

EO = School Out Early

P = Parent Administered

NM = No Medication (Parent Notified)

NS = No Show (Parent Notified)

SC = School Closed

School:_____   **School Year:** 2023 - 24

Name:_____   **Medication:**_____

Student ID:_____   **Diagnosis code:**_____   **Time Duration:**_____
                                                                            (exa: 12:00-12:05)

MEDICATION COUNT

Date	Quantity of Medication	School Rep. Signature	Parent Signature	Expiration Date

Documentation of Lost or Incorrectly Administered Medication
(Each entry requires a signature and date)
- ▪ *Lost / unaccounted for medications* → (Requires reporting to parent and district nurse)
- ▪ *Unusable medications* (ie., dropped on floor, spit out, etc.) → (Requires reporting to parent)
- ▪ *Incorrectly administered medication* → (Requires reporting to district nurse)

DATE	

Medication Administrator's Signature	Initials		Medication Administrator's Signature	Initials

*Nurse is **required** to sign all student Medication Administrations Records with credentials.*