## STUDENT MEDICATION RECORD

Student: _____     Date Received: _____

Initials/Sign: _____     Initials/Sign: _____

Medication/Dose/Route: _____

| DATE | TIME | AMT GIVEN | INITIAL | DATE | TIME | AMT GIVEN | INITIAL |
|------|------|-----------|---------|------|------|-----------|---------|
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |
|      |      |           |         |      |      |           |         |