

Moore Public Schools MEDICATION RECORD

2011 – 2012 School _____

Student Name _____ Grade _____ Teacher _____

Medication _____ Dosage _____ Time _____

(Person administering medication should initial date box and write the time, initials and signature at bottom of the page required for each person giving medication)

January Pill count:					February Pill count:				
Monday	Tuesday	Wednesday	Thursday	Friday	Monday	Tuesday	Wednesday	Thursday	Friday
	RD	4 ₁	5	6			1	2	3
9	10	11	12	13	6	7	8	9	10
MLK	17	18	19	20	13	14	15	16	17 Zone Day
23	24	25	26	27	20 SD	21	22	23	24
30	31				27	28	29		
March Pill count:					April Pill count:				
Monday	Tuesday	Wednesday	Thursday	Friday	Monday	Tuesday	Wednesday	Thursday	Friday
			1	2	2	3	4	5	6
5	6	7	8	9	9	10	11	12	13
12	13	14	15	P/T Conf	16	17	18	19	20
SP	RI	NG	BR	EAK	23	24	25	26	27 SD
26	27	28	29	30	30				
May Pill count:					N=No Med A=Absent O=No show DC=Discontinue				
Monday	Tuesday	Wednesday	Thursday	Friday	Initials _____ Signature _____ Initials _____ Signature _____ Initials _____ Signature _____ Initials _____ Signature _____ Medication picked up by parent: Date: _____ Parent signature: _____				
	1	2	3	4					
7	8	9	10	11					
14	15	16	17	18					
21	22	23	24	25					