

Student Medication Record
(Use a separate sheet for each medication)

Name: _____

Medication: _____

Dosage/Time of Day: _____

Instructions: Adult distributing medication, please sign when medication is given.

Enter Date→	SUN / /	MON / /	TUE / /	WED / /	THU / /	FRI / /	SAT / /
Dose 1 Time:							
Dose 2 Time:							
Dose 3 Time:							
Dose 4 Time:							

Parent Signature _____