



STUDENT FOCUSED MEDICATION MANAGEMENT RECORD

Student Name: Doe, John Date of Birth: 1993 / 01 / 06 School: Lake Road Elementary Grade: 5
(year/month/day)

Please initial under the appropriate date for each medication administration. If there are any deviations or side effects, please describe on back of this page.

			Month: September										Year: 2003									
Medication	Dose	Time	Day																			
			17	18	19	20	21	24	25	26	27	28										
Ritalin	5 mgm	Morning recess	JS	JS	JS	JS	JS	JS	JS	JS	JS	JS										
Ritalin	5 mgm	Lunch	JS	JS	JS	JS	JS	JS	JS	JS	JS	JS										
Ritalin	5 mgm	Afternoon recess	JS	JS	JS	JS	JS	JS	JS	JS	JS	JS										

SAMPLE

All persons who make one or more administration(s) during the month must sign and initial in a space below:

Print Name: Joan Smith Signature: Joan Smith Initials: JS

Print Name: _____ Signature: _____ Initials: _____

Print Name: _____ Signature: _____ Initials: _____

Print Name: _____ Signature: _____ Initials: _____

Comments:
