

School Year

Student Name _____ School _____ Teacher _____ Date ____/____/____

Medication Sign IN Medication & Dose	Date Rec'd	Amt. Rec'd	Signature	Witness	Date D/C	Medication & Dose	Date Rec'd	Amt. Rec'd	Signature	Witness	Date D/C

Medication Sign OUT (CO=Community Outings; P=Parent; SA=School Activities)

Medication	Sign Out Date	Code	Sign In Date	Signature	Sign Out Date	Code	Sign In Date	Signature

Comments (Initial all comments):	Date/Time

Notify nurse and complete Medication Incident Report form for: lost dose, missed dose, or dose given outside one-half hour of scheduled time.
 Rev. 08/03/10 mg