

Clarksville-Montgomery County School System
HEALTH SERVICES
STUDENT MEDICATION RECORD

												EXPIRATION DATE: _____
STUDENT:						MEDICATION:						DOSE & ROUTE:
	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	SCHOOL YEAR:
1												School:
2												DOB: Grade:
3												Physician:
4												Phone:
5												Medication Authorization form completed for:
6												___ Prescription Med ___ OTC Med
7												If medication is to be given DAILY what time is it to be administered:
8												_____
9												<u>(Medication can be given 60 minutes before or after this time ONLY!)</u>
10												If medication is to be given PRN describe indications:
11												
12												
13												How soon can this medication be repeated:
14												
15												List significant possible side effects:
16												
17												
18												Administered by: /Initials:
19												
20												
21												
22												
23												
24												Administration Key:
25												X = No School
26												ER = Early Release Day
27												A = Student Absent
28												W = Dose Withheld (document reason)
29												O = Not Given (HEA-F080 required)
30												N = None Available
31												FT = Field Trip

RIGHT <u>Student</u> RIGHT <u>Medication</u> RIGHT <u>Dose</u> RIGHT <u>Time</u> RIGHT <u>Route</u>
