

Medication Log
Laclede County R-1 Schools

SEND ALL MEDICINE IN THE ORIGINAL CONTAINER. Prescription medicine must be the latest prescription.

Name of Student _____ Grade _____ Teacher _____ Prescribing Physician _____

Medication Name _____ Exact Dosage _____ Time _____ Begin date _____ End date _____

For Treatment of _____ Pharmacy _____ In (town) _____ Date Rx Filled _____ Prescription # _____

Special Instructions (refrigeration, home daily, etc.) _____ Bus # _____ **NO** I do not want epinephrine administered to my child in an emergency _____

PARENT SIGNATURE _____ Daytime Phone _____

+++++++ **PARENT fill out and SIGN top of sheet** (bottom for school use only) +++++++

School Year 20__ -- 20__

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
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Sept																																	
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July																																	

Initial _____ Name of person administering medicine: _____

Other comments: _____

Legend codes
 A=absent W=withheld
 E=early out N=no meds avail
 F=field trip O=no show
 H=holiday
 S=snow day