

DOVER SCHOOL DISTRICT	POLICY CODE: JLCD-ATTACHMENT 1
DATE OF ADOPTION: MAY 8, 2006	PAGE 1 OF 2

SAMPLE

INDIVIDUAL MEDICATION RECORD

SCHOOL YEAR 2006-2007

DOVER HIGH SCHOOL

STUDENT _____ DOB ____/____/____ GRADE _____

MEDICATION _____ DOSE _____ DAILY ___ PRN ___ ROUTE: ___p.o. ___IM/s.c.

PHYSICIAN _____ PHONE # _____ Non-Rx _____ ___G-Tube ___INHALER

SPECIAL INSTRUCTIONS: _____

DATE STARTED _____ DATE DISCONTINUED _____

	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
Aug.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	TR	TW		
Sept.	X	X	X	X					X	X						X	X						X	X						X	X
Oct.	X						X	X	X					X	X						X	X						X	X		
Nov.			TW							X	X	X						X	X			X	X	X	X	X					X
Dec.		X	X						X	X						X	X						X	X	X	X	X	X	X	X	X
Jan.	X					X	X						X	X	X					X	X						X	X			
Feb.			X	X						X	X						X	X	X	X	X	X	X	X	X	X			X	X	X
March			X	X						X	X					TW	X	X						X	X						X
April	X						X	X						X	X						X	X	X	X	X	X	X	X	X	X	X
May					X	X						X	X						X	X						X	X	X			
June		X	X						X	X						X	X							X	X					X	X

CODES: X-No School, A-Absent, ft-Field trip, O-no show, C-see back for comments

<u>DATE</u>	<u>NAME</u>	<u>Init.</u>	<u>DATE</u>	<u>NAME</u>	<u>Init.</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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DATE	# OF PILLS BROUGHT IN	DATE	# OF PILLS BROUGHT IN	DATE	# OF PILLS BROUGHT IN
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DATE	# OF MEDS PICKED UP	BY – STUDENT/PARENT	DATE	# OF MEDS PICKED	BY – STUDENT/PARENT
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

COMMENTS: