

Clarksville-Montgomery County School System
HEALTH SERVICES
STUDENT MEDICATION RECORD

STUDENT:												MEDICATION:												EXPIRATION DATE: _____
																								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 30 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>
