

# PLYMOUTH SCHOOL DISTRICT: MEDICATION ADMINISTRATION CALENDAR 2018-2019

**STUDENT NAME** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

**MEDICATION** \_\_\_\_\_ **DOSAGE** \_\_\_\_\_ **TIME** \_\_\_\_\_

**REASON FOR MEDICATION** \_\_\_\_\_ **START DATE** \_\_\_\_\_ **END DATE** \_\_\_\_\_

	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
<b>SEP-2017</b>																															
<b>OCT-2017</b>																															
<b>NOV-2017</b>																															
<b>DEC-2017</b>																															

**\*\*CHARTING CODES BELOW\*\***

AB- Absent      EX- Exams      FT- Field Trip      NS- No Show      NM- No Medication      R- Refused       - No School

Staff must initial and sign the "Authorized Personnel" section if giving medication for that particular student.

Each time medication is brought to school, record the medication, amount, and date with initials

\*Enter time of dose and initials for every daily medication.

Authorized Personnel	
Initials	Signature

Medication	Amount	Date	Initials

<b>Doctor Telephone Number:</b>
<b>Parent Telephone Number:</b>

STUDENT NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

MEDICATION \_\_\_\_\_ DOSAGE \_\_\_\_\_ TIME \_\_\_\_\_

REASON FOR MEDICATION \_\_\_\_\_ START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

	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
JAN - 2018																															
FEB - 2018																															
MAR- 2018																															
APR - 2018																															
MAY 2018																															
JUN- 2018																															

AB- Absent      EX- Exams      FT- Field Trip      NS- No Show      NM- No Medication      R- Refused      - No School

\*Enter time of dose and initials for every daily medication.

Authorized Personnel	
Initials	Signature

Medication	Amount	Date	Initials

Doctor Telephone Number:
See other side
Parent Telephone Number:
See other side