| Student Name: | Birth Date: | School/Child Care: | Classroom: | Start/End dates: |
|---|---|---|---|---|
| Medication: | Dose: | Route: | Time to be given: | Special Instructions: |

| Date: | Week of: | | | | | Week of: | | | | | Week of: | | | | | Week of: | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Mon | Tue | Wed | Thu | Fri | Mon | Tue | Wed | Thu | Fri | Mon | Tue | Wed | Thu | Fri | Mon | Tue | Wed | Thu | Fri |
| AM: | | | | | | | | | | | | | | | | | | | | |
| PM: | | | | | | | | | | | | | | | | | | | | |
| Count: | | | | | | | | | | | | | | | | | | | | |
| | Count/record amount 1x/wk. after giving med. | | | | | Count/record amount 1x/wk. after giving med. | | | | | Count/record amount 1x/wk. after giving med. | | | | | Count/record amount 1x/wk. after giving med. | | | | |

| Date: | Week of: | | | | | Week of: | | | | | Week of: | | | | | Week of: | | | | |
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| | Mon | Tue | Wed | Thu | Fri | Mon | Tue | Wed | Thu | Fri | Mon | Tue | Wed | Thu | Fri | Mon | Tue | Wed | Thu | Fri |
| AM: | | | | | | | | | | | | | | | | | | | | |
| PM: | | | | | | | | | | | | | | | | | | | | |
| Count: | | | | | | | | | | | | | | | | | | | | |
| | Count/record amount 1x/wk. after giving med. | | | | | Count/record amount 1x/wk. after giving med. | | | | | Count/record amount 1x/wk. after giving med. | | | | | Count/record amount 1x/wk. after giving med. | | | | |

| Date: | Week of: | | | | | Week of: | | | | | Week of: | | | | | Week of: | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Mon | Tue | Wed | Thu | Fri | Mon | Tue | Wed | Thu | Fri | Mon | Tue | Wed | Thu | Fri | Mon | Tue | Wed | Thu | Fri |
| AM: | | | | | | | | | | | | | | | | | | | | |
| PM: | | | | | | | | | | | | | | | | | | | | |
| Count: | | | | | | | | | | | | | | | | | | | | |
| | Count/record amount 1x/wk. after giving med. | | | | | Count/record amount 1x/wk. after giving med. | | | | | Count/record amount 1x/wk. after giving med. | | | | | Count/record amount 1x/wk. after giving med. | | | | |

| Codes: | **NS** = No School | **A** = Absent | **OM** = Out of Medication | **M** = Missed Dose | **R** = Refused |
|---|---|---|---|---|---|

Staff (print) _____    Signature _____    Initials _____

Staff (print) _____    Signature _____    Initials _____

Staff (print) _____    Signature _____    Initials _____

CCHC/SN _____    Signature _____    Initials _____