| Student Name: Birth Date:  Medication: Dose: |  |           |              |           | Birth Date:       |  | School/Child Care: Route:                    |     |     |  | Classroom:  Time to be given:                |  |     | Star             | Start/End dates:                             |          |          |          |     |     |  |
|--|--|-----------|--------------|-----------|-------------------|--|--|-----|-----|--|--|--|-----|------------------|--|----------|----------|----------|-----|-----|--|
|  |  |           |              |           |                   | Special Instructions:                        |  |     |     |  |  |  |     |                  |  |          |          |          |     |     |  |
|  | Week of:                                     |           |              |           |                   | Week   | c of:  |     |     |  | Week of:                                     |  |     |                  |  | Week of: |          |          |     |     |  |
| Date:  |  |           |              |           |                   |  |  |     |     |  |  |  |     |                  |  |          |          |          |     |     |  |
|  | Mon  | Tue       | Wed          | Thu       | ı 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 m    |           |              |           | ving med.         | Count/re                                     | Count/record amount 1x/wk. after giving med. |     |     |  |  | Count/record amount 1x/wk. after giving med. |     |                  |  |          |          |          |     |     |  |
|  |  |           |              |           |                   |  |  |     |     |  |  |  |     |                  |  |          |          |          |     |     |  |
|  | Week   | Week of:  |              |           |                   |  | Week of:                                     |     |     |  |  | Week of:                                     |     |                  |  |          | Week of: |          |     |     |  |
| Date:  |  |           |              |           |                   |  |  |     |     |  |  |  |     |                  |  |          |          |          |     |     |  |
|  | Mon  | Tue       | Wed          | Thu       | ı 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. |          |          |          |     |     |  |
|  |  |           |              |           |                   | 10   |  |     |     |  | 1  |  |     |                  |  |          |          |          |     |     |  |
|  | Week   | Veek of:  |              |           |                   | Week   | k of:  |     |     |  | Week of:                                     |  |     |                  |  | Week of: |          |          |     |     |  |
| Date:  |  |           |              |           |                   |  |  |     |     |  |  |  |     |                  |  |          |          |          |     |     |  |
|  | Mon  | Tue       | Wed          | Thu       | ı Fri             | Mon  | Tue  | Wed | Thu | Fri  | Mon  | Tue  | Wed | Thu              | Fri  | Mon      | Tue      | Wed      | Thu | Fri |  |
| AM:  |  |           |              |           |                   |  |  |     |     |  |  |  |     |                  |  |          |          |          |     |     |  |
| PM:  |  |           |              |           |                   |  |  |     |     |  |  |  |     |                  |  |          |          |          |     |     |  |
| Count:                                       |  |           |              |           |                   |  |  |     |     |  |  |  |     |                  |  |          |          |          |     |     |  |
|  | Count/re                                     | cord amou | unt 1x/wk. a | after giv | ving med.         | Count/re                                     | 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 = O |  |  |     |     | out of Medication M = Missed D               |  |  |     | Pose R = Refused |  |          |          |          |     |     |  |
| Staff (pri                                   | nt\  |           |              |           |                   |  |  |     | Sic | ınature                                      |  |  |     |                  |  |          |          | Initials | 2   |     |  |
| Staff (pri                                   |  |           |              |           |                   |  |  |     |     | ınature                                      |  |  |     |                  |  |          | _        | Initials |     |     |  |
| Staff (pri                                   |  |           |              |           |                   |  |  |     |     | ınature                                      |  |  |     |                  |  |          |          | Initials |     |     |  |
| CCHC/SN                                      |  |           |              | Signature |                   |  |  |     |     |  |  |  |     | <br>Initials     |  |          |          |          |     |     |  |