

HCPS 2016-2017 OVER-THE-COUNTER MEDICATION LOG

Student: _____
 School: _____

Grade: _____ HR: _____

1. Record time & initial in appropriate box when medication is given 2. Record **AB** for absent, **FT** for Field Trip, **NM** for NO medication 3. Include form in health record if pupil transfers to another school

	DIAGNOSIS					PHYSICIAN'S NAME					MEDICATION					DIRECTIONS FOR ADMINISTERING					SIDE EFFECTS				
	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
September				1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28	29	30
Time/Initial						H												1/2							
October	3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28	31				
Time/Initial						H																			
November		1	2	3	4	7	8	9	10	11	14	15	16	17	18	21	22	23	24	25	28	29	30		
Time/Initial							H											H	H	H					
December				1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28	29	30
Times/Initial																H	H	H	H	H	H	H	H	H	H
January	2	3	4	5	6	9	10	11	12	13	16	17	18	19	20	23	24	25	26	27	30	31			
Time/Initial											H									1/2	H				
February			1	2	3	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	27	28			
Times/Initial																H									
March			1	2	3	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	27	28	29	30	31
Times/Initial			1/2																						
April	3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28					
Times/Initial					1/2	H	H	H	H	H															
May	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30	31		
Times/Initial																					H				
June				1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	22		26	27	28	29	
Times/Initial															1/2										
July	3	4	5	6		10	11	12	13		17	18	19	20		24	25	26	27		31				
Times/Initial		H																							
August		1	2	3		7	8	9	10		14	15	16	17											
Times/Initial																									

RN/LPN Nurse _____ Signature _____ Title _____ Initials _____ Substitute _____ Signature _____ Title _____ Initials _____

