

HCPS 2018-2019 PRESCRIPTION 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						3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28
Time/Initial						H												H							
October	1	2	3	7	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30	31		
Time/Initial						H																			
November				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											H	H	H					
December	3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28	31				
Times/Initial														H	H	H	H	H	H	H	H				
January		1	2	3	4	7	8	9	10	11	14	15	16	17	18	21	22	23	24	25	28	29	30	31	
Time/Initial		H	H													H					H				
February					1	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	
Times/Initial																H									
March					1	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29
Times/Initial																									H
April	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30			
Times/Initial	H	H	H	H	H										H	H									
May		1	2	3	4	7	8	9	10	11	14	15	16	17	18	21	22	23	24	25	28	29	30	31	
Times/Initial																					H				
June	3	4	5	6	7	10	11	12	13	14	17	18	19	20		24	25	26	27						
Times/Initial										H															
July	1	2	3	4		8	9	10	11		15	16	17	18		22	23	24	25		29	30	31		
Times/Initial				H																					
August				1		5	6	7	8		12	13	14	15											
Times/Initial																									

Please sign, put your title and initials in the appropriate lines below

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

