**School District Letterhead**

**Daily Medication Sheet for \_\_\_\_\_\_\_\_\_\_\_\_ Summer School Year**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home District School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_**

**Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Order is effective \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_**

**Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mg/ml Time \_\_\_\_\_\_\_\_\_**

**Medication received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Count/Amount \_\_\_\_\_\_\_\_\_\_\_\_**

**🞎 Supervised Student 🞎 Nurse Dependent Student 🞎 Give AM dose of \_\_\_\_\_\_\_ if checked 🞎 Give this medication on field trips if checked**

 **JULY AUGUST**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Week** | **Date****(x- xx)** | **M** | **T** | **W** | **TH** | **F** |   | **Week** | **Date****(x-xx)** | **M** | **T** | **W** | **Th** | **F** |
| **1st** |  |  |  |  |  |  |  | **1st** |  |  |  |  |  |  |
| **2nd** |  |  |  |  |  |  |  | **2nd** |  |  |  |  |  |  |
| **3rd** |  |  |  |  |  |  |  | **3rd** |  |  |  |  |  |  |
| **4th** |  |  |  |  |  |  |  | **4th** |  |  |  |  |  |  |
| **5th** |  |  |  |  |  |  |  | **5th** |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Nurse Signature** | **Nurse Initials** | **Nurse Signature** | **Nurse Initials** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**If student is absent indicate with A. If not given indicate with 0 and write reason below.**

**Medication Not Given\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_ Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nurse Initials\_\_\_\_\_\_**

**Medication Not Given\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_ Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nurse Initials\_\_\_\_\_\_**

**Medication Not Given\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_ Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nurse Initials\_\_\_\_\_\_**

**This sample resource is located at** [**www.schoolhealthservicesny.com**](http://www.schoolhealthservicesny.com) **– Samples|Forms 11/2021**