PRAIRIE DU CHIEN AREA SCHOOLS
MEDICATION RECORD

Name _____ **School Year** _____

Medication (date, name, dosage, time, instructions)

_____

_____

Physician _____ **Pharmacy** _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August																															
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															
June																															

Legend: ED = Early Dismissal O = Out of Medication (---) = No School
FT = Field Trip A = Absent NG = Not Given (see comments) R = Refused (see comments)

Signature of Person Administering Medication	Initials	Date	Comments	Initials	Date