

DOSE COUNT MEDICATION SHEET _____ SCHOOL YEAR

Student: _____

Health Care Provider: _____

DOB: _____

Medication: _____

Dosage: _____

Date: _____

| Day | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F | |
|---------------------|---|---|---|----|---|---|---|---|----|---|---|---|---|----|---|---|---|---|----|---|---|---|---|----|---|--|
| JUNE (dates) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Balance | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JULY (dates) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Balance | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AUG. (dates) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Balance | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Medication Changes | Date |
|--------------------|------|
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| Nurse/Trained Staff Signature | Initials |
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| Medication Not Given (Nurse) | Date | Reason | Parent Notified | | Time |
|------------------------------|------|--------|-----------------|----|------|
| | | | Yes | No | |
| | | | Yes | No | |
| | | | Yes | No | |
| | | | Yes | No | |
| | | | Yes | No | |
| | | | Yes | No | |
| | | | Yes | No | |
| | | | Yes | No | |

| Parent Notified to Bring Medications By: | Date | Medication Received By: | Count | Date | Med Picked Up By: | Date |
|--|------|-------------------------|-------|------|-------------------|------|
| | | | | | | |
| | | | | | | |