

KCSD HEALTH SERVICES

MEDICATION LOG

Student's Legal Name: _____ **School:** _____ **Grade:** ____ **Year:** _____

Medication Allergies: _____ **Date of Birth** _____

MEDICATION	DOSE	MONTH	HOUR	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		

KEY FOR MEDICATIONS NOT GIVEN: A = Absent NS = No School R= Refused

Initial medication and identify initials below with signature:

INITIALS	SIGNATURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE

Medication Sheet Reviewed by: _____