



Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

**SCHOOL YEAR 2020-2021**

DAY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	DAY
1												1
2												2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
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23												23
24												24
25												25
26												26
27												27
28												28
29												29
30												30
31												31

**CHARTING CODES**

A	DC	ED	FT	H	LE	NM	*
Absent	Discontinued	Early Dismissal	Field Trip	Hold	Student Left Early	No Medication	Note on front of form

Controlled medication count witnessed and # of pills charted inside the box on the first day of each week. Witness to sign front of form.