

CodeRVA Regional High School 2018-2019 PRESCRIPTION MEDICATION LOG

Student: _____

Grade: _____

HR _____

1. Record time & initial in appropriate box when medication is given 2. Record **AB** for absent, **FT** for Field Trip, **NM** for NO medication 3. Include form in health record if pupil transfers to another school

DIAGNOSIS	PHYSICIAN'S NAME							MEDICATION							DIRECTIONS FOR ADMINISTERING							SIDE EFFECTS								
	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
September						3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28					
Time/Initial						H																								
October	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30	31							
Time/Initial						H																								
November				1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28	29	30					
Time/Initial							H										H	H	H											
December						3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28					
Time/Initial																				H	H	H	H	H	H					
January	31	1	2	3	4	7	8	9	10	11	14	15	16	17	18	21	22	23	24	25	28	29	30	31						
Time/Initial	H	H	H												H															
February					1	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28						
Time/Initial																H	H													
March					1	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29					
Time/Initial																H	H													
April	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30								
Time/Initial	H	H	H	H	H										H	H														
May			1	2	3	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	27	28	29	30	31					
Time/Initial																H														
June						3	4	5	6	7	10	11	12	13	14	17	18	19	20		24	25	26	27						
Time/Initial																			H											
July	1	2	3	4		8	9	10	11		15	16	17	18		22	23	24	25		29	30	31							
Time/Initial																H	H	H	H											
August				1		5	6	7	8		12	13	14	15		19	20	21	22		26	27	28	29						
Time/Initial																H	H	H	H											

Personnel _____ Signature _____ Title _____ Personnel _____ Signature _____ Title _____ Personnel _____ Signature _____ Title _____ Personnel _____ Signature _____ Title _____

