Student Picture Here

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Name of School

School Year: 2024-2025

Name of Student: ______________________ **Date of Birth:** __________ **Sex:** ____ **Grade:** ______

Allergies: ______________________ **Name and Dose of Medication:** ______________________

Route ____________ Times given at School: ____________ Possible Side Effects: ______________________

Classroom Teacher when medication is due: ______________________

Health Care Provider Name/Number: ______________________

Emergency Contact Names/Numbers: ______________________

Directions: Initial administration or use codes below. A complete signature and initials of each person administering medications should be included below.

	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**
Aug	-	-	X	X	-	-	-	-	-	X	X	-	-	-	-	-	X	X	-	-				X	X						X
Sept	X	X					X	X						X	X						X	X						X	X	X	-
Oct	X	X	X	X	X	X						X	X						X	X						X	X				
Nov		X	X	X	X				X	X						X	X						X	X			X	X	X	X	-
Dec	X						X	X						X	X						X	X	X	X	X	X	X	X	X	X	X
Jan	X	X	X			X					X	X						X	X	X					X	X					
Feb	X	X						X	X						X	X						X	X						-	-	-
Mar	X	X						X	X						X	X						X	X						X	X	X
Apr	X	X	X	X	X	X						X	X						X	X						X	X				-
May			X	X						X	X						X	X						X	X	X					X
June	X						X	X						X	X						X	X						X	X		-

Authorized Person(s) administering or counting Medication:

Signature	**Initials**
______________________	______
______________________	______
______________________	______
______________________	______
______________________	______

Documentation Codes:

(A) Absent **(R) Refused*** **(W) Dosage withheld***
(E) Early Dismissal **(F) Field Trip** **(X) No School**
(N) No medication available* **(S) Self-administered**

***Documentation required in student's health file and Parent/Guardian to be contacted. Please notify teachers if medication withheld for any reason. Documentation of medication count is on the back of this MAR**