

STUDENT FOCUSED MEDICATION MANAGEMENT RECORD Form 316-3

Student Name: Da							ate of	ate of Birth:(year/month/day)					School:				Grade:							
Please initia	al under	the appr	opriate	date f	or each	n medi	cation																·.	
Month: Year:																								
Medication	Dose	Time	Day																					
All persons who	o make o	ne or mo	re admir	nistratio	on(s) du	ıring tl	ne mon	th must	sign an	ıd initia	al in a s	pace be	low:											
Print Name:								Sign	Signature:								I1	Initials:						
Print Name:								Sign	Signature:									Initials:						
Print Name:								Sign	Signature:									Initials:						
Print Name:								Sign	Signature:									Initials:						



STUDENT FOCUSED MEDICATION MANAGEMENT RECORD

Student Name: Doe, John							Date of Birth: 1993 / 01 / 06 (year/month/day)						School: <u>Lake Road Elementary</u>						(Grade: <u>5</u>			
Please initial u	ınder the	e appropriate	e date f	or eacl	n medic	ation	admin	istratio	n. If t	here a	re any	deviati	ons or	side eff	ects, p	olease	descri	be on	back o	of this	page.		
			Mont	th: Sej	otembe	r			Y	ear: 20	003												
Medication	Dose	Time	Day																				
			17	18	19	20	21	24	25	26	27	28											
Ritalin	5 mgm	Morning recess	JS	JS	JS	JS	JS	JS	JS	JS	JS	JS											
Ritalin	5 mgm	Lunch	JS	JS	JS	JS	JS	JS	JS	JS	JS	JS											
Ritalin	5 mgm	Afternoon recess	JS	JS	JS	JS	JS	JS	JS	JS	JS	15											
									\wedge	M													
								3															
																						-	-
All persons wh	o make o	ne or more ac	lministı	ration(s	s) during	g the n	nonth r	nust sig	n and i	nitial i	n a spa	ce belov	v:										
Print Name: Jo		Signature				<u>Joan Smith</u> Ir				Initials: <u>JS</u>													
Print Name:		Signature:				Initials						_											
Print Name:		Signature:						I	nitials:		_												
Print Name:		Signature:							I	nitials:		_											

Comments:	