San Diego Unified
SCHOOL DISTRICT

Nursing & Wellness Program

YEAR ROUND MEDICATION LOG – 2015/2016

☐ Daily medication

☐ PRN medication (as needed)

Student's Name:_____ School:_____Grade:_____Room:_____ Teacher: _____

Medication Name:_____Dosage Amount: _____

Time: _____ Frequency:_____ Exp. Date of MD order: _____

Method of Administration: _____ Signature of School Nurse reviewing & approving this log: _____& Date:_____

	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
Sep						7 H	8	9	10	11	14	15	16	17	18	21	22	23	24	25	28	29	30		
Oct				1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28	29	30
Nov	2	3	4	5	6	9	10	11 H	12	13	16	17	18	19	20	23 NI	24 NI	25 NI	26 H	27 H	30				
Dec		1	2	3	4	7	8	9	10	11	14	15	16	17	18	21 NI	22 NI	23 NI	24 H	25 H	28 NI	29 NI	30 NI	31 H	
Jan					1 H	4 NI	5 NI	6 NI	7 NI	8 NI	11 NI	12 NI	13 NI	14 NI	15 NI	18 H	19	20	21	22	25	26	27	28	29
Feb	1	2	3	4	5	8	9	10	11	12 H	15 H	16	17	18	19	22	23	24	25	26	29				
Mar		1	2	3	4	7	8	9	10	11	14	15	16	17	18	21	22	23	24	25	28 NI	29 NI	30 NI	31 NI	
Apr					1 NI	4 NI	5 NI	6 NI	7 NI	8 NI	11 NI	12 NI	13 NI	14 NI	15 NI	18 NI	19	20	21	22	25	26	27	28	29
May	2	3	4	5	6	9	10	11	12	13	16	17	18	19	20	23	24	25	26	27 NI	30 H	31			
Jun			1	2	3	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	27	28	29	30	
Jul					1	4 H	5	6	7	8	11	12	13	14	15	19	19	20	21						

MISSED DOSE CODES: Absent=AB; Field Trip=FT; No medication=NM

H = Holiday NI = Non-Instructional Day

Initials/Signature Log:

_____ = _____ _____=_____ _____=_____ _____=_____

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SCHOOL DISTRICT

Nursing & Wellness Program
Year Round Medication Log 2015-2016

Use when medication is received from home and returned to home.

Date: _____

Amount received: #Pills/Capsules/Tabs:____EPIPEN:___ Inhaler w/ **or** w/o Spacer?:____Liquid:____ Tube/Cream:____

Other: _____

Delivered By:_____ Rec'd By:_____

Date: _____

Amount received: #Pills/Capsules/Tabs:____EPIPEN:___ Inhaler w/ **or** w/o Spacer?:____Liquid:____ Tube/Cream:____

Other: _____

Delivered By:_____ Rec'd By:_____

Date: _____

Amount received: #Pills/Capsules/Tabs:____EPIPEN:___ Inhaler w/ **or** w/o Spacer?:____Liquid:____ Tube/Cream:____

Other: _____

Delivered By:_____ Rec'd By:_____

Date: _____

Amount received: #Pills/Capsules/Tabs:____EPIPEN:___ Inhaler w/ **or** w/o Spacer?:____Liquid:____ Tube/Cream:____

Other: _____

Delivered By:_____ Rec'd By:_____

Variance Reports: (can be used when there is a discrepancy in the medication log, count, communication about expired medications, field trips, etc.)_____

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