

MCFARLAND SCHOOL DISTRICT MEDICATION LOG

(For office use only)

MA Eligible?

Yes No

Student name _____

Grade _____

School _____

Medication name _____

Dose _____

Route _____

Time _____

A=Absent I=Inservice X=No School NA=None Available R=Refused Initial=Meds given w/o difficulty

	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
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31											

Date/Count											
Initials											

Staff Initials

Staff Initials

Staff Initials

Staff Initials