

Wenatchee School District Medication Administration Record 2008-2009

CONFIDENTIAL INFORMATION

Grade _____

Student Last Name, First Name DOB Teacher

Medication Dosage/Route Time

	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
SEPT	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30			
	H	B																							
OCT			1	2	3	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	27	28	29	30	31
										H															
NOV	3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28					
							H												H	H					
DEC	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30	31		
																H	H	H	H	H	H	H	H		
JAN				1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28	29	30
				H	H											H					H				
FEB	2	3	4	5	6	9	10	11	12	13	16	17	18	19	20	23	24	25	26	27					
										H	H														
MAR	2	3	4	5	6	9	10	11	12	13	16	17	18	19	20	23	24	25	26	27	30	31			
																					H	H			
APR			1	2	3	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	27	28	29	30	
			H	H	H																				
MAY				1		4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29
																					H				
JUNE	1	2	3	4	5	8	9	10	11	12															
										E															

Initials _____
 Initials _____
 Initials _____
 Initials _____

Signature _____
 Signature _____
 Signature _____
 Signature _____

CODES
 H: Holiday O: No Show
 A: Absent E: End Med
 N: None Available

