

Individual Student Medication Calendar 2026-2027

Student _____ DOB: _____ School: _____ Grade: _____
 Medication _____ Dosage/Route: _____ Time given: _____ Date Started: _____ Date Discontinued: _____
 Discontinued by _____ Medication disposed of (5 days after DC): Date _____ initials _____ Witness initials _____
 Codes: **Initials**= Given **SA**= Student Absent **NS**= No Show **NM**= No Med available **DC**= Discontinued **EO**= Early Out **H**=Holiday/ No School **R**= Refused

MONTH	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
August																															
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															
June																															
July																															

Date																															
# Pills Received (Parent and school staff initial)																															

Signature _____ Initials _____ Signature _____ Initials _____
 Signature _____ Initials _____ Signature _____ Initials _____

Comments: (Date, time, initials)

