

Western Heights Public Schools

MEDICATION RECORD 2017-2018

Student Name _____ Grade _____ Teacher/School _____
 Medication _____ Dosage _____ Time _____

August 2017					September 2017					October 2017				
M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
_____	_____	_____	_____	_____	_____	_____	_____	31	No School	2	3	4	5	6
_____	_____	_____	_____	_____	4 No School	5	6	7	8	9	10	11	12	13
_____	_____	16	17	18	11	12	13	14	15	16	17	18	No School	No School
21	22	23	24	25	No School	19	20	21	22	23	24	25	26	27
28	29	30	31		25	26	27	28	29	30	31	_____	_____	_____
November 2017					December 2017					January 2018				
M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
_____	31	1	2	3	_____	_____	_____	1	2	No School	No School	No School	4	5
6	7	8	9	10	5	6	7	8	9	8	9	10	11	12
13	14	15	16	17	12	13	14	15	16	No School	16	17	18	19
20	21	No School	No School	No School	19	20	21	No School	No School	22	23	24	25	26
27	28	29	30	_____	No School	No School	No School	No School	No School	29	30	31		
February 2018					March 2018					April 2018				
M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
_____	_____	31	1	2	_____	_____	28	1	2	2	3	4	5	6
5	6	7	8	9	5	6	7	8	9	9	10	11	12	13
12	13	14	15	No School	No School	No School	No School	No School	No School	16	17	18	19	20
No School	20	21	22	23	19	20	21	22	23	23	24	25	26	27
26	27	28	_____	_____	26	27	28	29	No School	30	_____	_____	_____	_____
May 2018					N=No Med A=Absent O=No Show DC=Discontinue									
M	T	W	T	F	Initials _____ Signature _____ Initials _____ Signature _____ Initials _____ Signature _____ Initials _____ Signature _____ Medication picked up by Parent: Date _____ Parent Signature _____									
_____	1	2	3	4										
7	8	9	10	11										
14	15	16	17	18										
21	22	23	24	No School										