San Juan School District Medication Administration for School Year _____

Student:	Grade:	School:

Administration Codes		Staff Authorized to Administer Medication		
Student Absent	A	Name	Signature	Initials
No Show	NS			
Late	L			
Field Trip	FT			
Medication Out	MO			

Date	Medication Name	Amount Received	Signature	Signature
Date	**Medication Name**	**Amount | How Discarded**	**Signature**	**Signature**

San Juan School District Medication Administration for School Year _____

Student:	Grade:	School:

Medication Dosage	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
Medication Dosage	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
Medication Dosage	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