



Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

SCHOOL HEALTH SERVICES
STUDENT MEDICATION LOG (2019-2020)



Insert Student Photo Here

Student name: _____ Student #: _____ DOB: _____ School: _____

Homeroom teacher: _____ Grade: _____

Known allergies/special instructions: _____

Medication: _____
Dose: _____
Time: _____
Date Start: _____ Date End: _____
Route: _____ Frequency: _____

A = Absent	O = Not given (record reason in the comment section)
Highlight = Discontinue	
FT = Field Trip (see notes)	L = Late (note time and reason below)
NM = No medication at school	I = Initial when dose is administered

If the medication stays the same but there is a change in the dose, **HIGHLIGHT** the above previous directions and write the new dose below. If the medication is discontinued, please file this sheet and start a new sheet for the new medication. Highlight any directions that are discontinued.

Note: change in dose of medication

Medication: _____
Dose: _____
Time: _____
Date Start: _____ Date End: _____
Route: _____ Frequency: _____

Note: change in dose of medication

Medication: _____
Dose: _____
Time: _____
Date Start: _____ Date End: _____
Route: _____ Frequency: _____

Initial: _____	Signature: _____
_____	_____
_____	_____

Comments or special instructions:

Month	July		August		September		October		November		December	
	Time	Initials	Time	Initials	Time	Initials	Time	Initials	Time	Initials	Time	Initials
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												



Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

SCHOOL HEALTH SERVICES
STUDENT MEDICATION LOG (2019-2020)

Insert Student Photo Here

Student name: _____ Student #: _____ DOB: _____ School: _____

Homeroom teacher: _____ Grade: _____

Known allergies/special instructions: _____

Medication: _____
Dose: _____
Time: _____
Date Start: _____ Date End: _____
Route: _____ Frequency: _____

A = Absent	O = Not given (record reason in the comment section)
Highlight = Discontinue	
FT = Field Trip (see notes)	L = Late (note time and reason below)
NM = No medication at school	I = Initial when dose is administered

If the medication stays the same but there is a change in the dose, **HIGHLIGHT** the above previous directions and write the new dose below. If the medication is discontinued, please file this sheet and start a new sheet for the new medication. Highlight any directions that are discontinued.

Note: change in dose of medication

Medication: _____
Dose: _____
Time: _____
Date Start: _____ Date End: _____
Route: _____ Frequency: _____

Note: change in dose of medication

Medication: _____
Dose: _____
Time: _____
Date Start: _____ Date End: _____
Route: _____ Frequency: _____

Initial: _____	Signature: _____
_____	_____
_____	_____

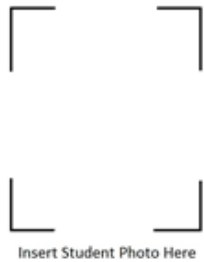
Comments or special instructions:

Month	January		February		March		April		May	
	Time	Initials	Time	Initials	Time	Initials	Time	Initials	Time	Initials
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										



Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

SCHOOL HEALTH SERVICES
STUDENT MEDICATION LOG-Extended School Year 2020



Student name: _____ Student #: _____ DOB: _____ School: _____

Homeroom teacher: _____ Grade: _____

Known allergies/special instructions: _____

Medication: _____
Dose: _____
Time: _____
Date Start: _____ Date End: _____
Route: _____ Frequency: _____

A = Absent	O = Not given (record reason in the comment section)
Highlight = Discontinue	
FT = Field Trip (see notes)	L = Late (note time and reason below)
NM = No medication at school	I = Initial when dose is administered

If the medication stays the same but there is a change in the dose, **HIGHLIGHT** the above previous directions and write the new dose below. If the medication is discontinued, please file this sheet and start a new sheet for the new medication. Highlight any directions that are discontinued.

Note: change in dose of medication

Medication: _____
Dose: _____
Time: _____
Date Start: _____ Date End: _____
Route: _____ Frequency: _____

Note: change in dose of medication

Medication: _____
Dose: _____
Time: _____
Date Start: _____ Date End: _____
Route: _____ Frequency: _____

Initial: _____	Signature: _____
_____	_____
_____	_____

COMMENTS/SPECIAL INSTRUCTIONS:

Month	June		July									
	Time	Initials	Time	Initials	Time	Initials	Time	Initials	Time	Initials	Time	Initials
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												