

Student Picture  
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\_\_\_\_\_  
Name of School

School Year: 2022-2023

**Name of Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_ **Grade:** \_\_\_\_\_  
**Allergies:** \_\_\_\_\_ **Name and Dose of Medication:** \_\_\_\_\_  
 Route \_\_\_\_\_ Times given at School: \_\_\_\_\_ Possible Side Effects: \_\_\_\_\_  
 Classroom Teacher when medication is due: \_\_\_\_\_  
 Health Care Provider Name/Number: \_\_\_\_\_  
 Emergency Contact Names/Numbers: \_\_\_\_\_

**Directions:** Initial administration or use codes below. A complete signature and initials of each person administering medications should be included below.

	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	
<b>Aug</b>	-	-	-	-	-	X	X	-	-	-	-	-	X	X	-					X	X							X	X			
<b>Sept</b>			X	X	X					X	X						X	X						X	X							-
<b>Oct</b>	X	X	X	X	X	X	X	X	X						X	X						X	X							X	X	
<b>Nov</b>					X	X	X	X				X	X						X	X			X	X	X	X	X	X				-
<b>Dec</b>			X	X						X	X						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>Jan</b>	X						X	X						X	X	X					X	X							X	X		
<b>Feb</b>				X	X						X	X						X	X						X	X				-	-	-
<b>Mar</b>				X	X						X	X						X	X						X	X						
<b>Apr</b>	X	X	X	X	X	X	X	X	X						X	X						X	X							X	X	-
<b>May</b>						X	X						X	X						X	X							X	X			
<b>June</b>			X	X						X	X							X	X						X	X						-

**Authorized Person(s) administering or counting Medication:**

<b>Signature</b>	<b>Initials</b>
_____	_____
_____	_____
_____	_____
_____	_____

**Documentation Codes:**

- |                              |                       |                      |
|------------------------------|-----------------------|----------------------|
| (A) Absent                   | (R) Refused*          | (W) Dosage withheld* |
| (E) Early Dismissal          | (F) Field Trip        | (X) No School        |
| (N) No medication available* | (S) Self-administered |                      |

**\*Documentation required in student's health file and Parent/Guardian to be contacted. Please notify teachers if medication withheld for any reason. Documentation of medication count is on the back of this MAR**