

Over-the-Counter Medication Record 2020-21

FOR OFFICE USE ONLY. Use one form per Over-the-Counter Medication.

Student's Name: _____ Weight: _____ Date of weight: _____

Medication: _____ Dosage: _____ Route: _____ Frequency: _____
 (No Students days are GRAY on this calendar.)

AUGUST 2020				
Mon	Tues	Wed	Thurs	Fri
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

SEPTEMBER				
Mon	Tues	Wed	Thurs	Fri
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

OCTOBER				
Mon	Tues	Wed	Thurs	Fri
			1	2
5	6	7	8	8
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

NOVEMBER				
Mon	Tues	Wed	Thurs	Fri
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

DECEMBER				
Mon	Tues	Wed	Thurs	Fri
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

JANUARY 2021				
Mon	Tues	Wed	Thurs	Fri
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

FEBRUARY 2021				
Mon	Tues	Wed	Thurs	Fri
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26

MARCH				
Mon	Tues	Wed	Thurs	Fri
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

APRIL				
Mon	Tues	Wed	Thurs	Fri
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

MAY				
Mon	Tues	Wed	Thurs	Fri
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

JUNE				
Mon	Tues	Wed	Thurs	Fri
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

Medication Codes:

- A = Absent
- W/D = Withdrawn
- D/C = Discontinued
- O/M = Out of Medication
- U/L = Unable to locate
- R = Refused
- C = Calamity Day

Signatures:

 _____ Initials _____
 _____ Initials _____

Signatures:

 _____ Initials _____
 _____ Initials _____