



GASTON COUNTY SCHOOLS MEDICATION LOG

SCHOOL _____

SCHOOL YEAR 2011-2012

STUDENT'S NAME _____ MEDICATION _____ DOSAGE _____ TIME OF MEDS _____

	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	
Aug.(am)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	X	X				
(pm)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	X	X				
Sept.(am)			X	X	H					X	X						X	X						X	X							
(pm)			X	X	H					X	X						X	X						X	X							
Oct. (am)	X	X						X	X					-	X	X							X	X						X	X	
(pm)	X	X						X	X					-	X	X							X	X						X	X	
Nov.(am)					X	X					H	X	X						X	X			-	H	-	X	X					
(pm)					X	X					H	X	X						X	X			-	H	-	X	X					
Dec. (am)			X	X						X	X						X	X			-	-	-	X	X	H	-	-	-	-	X	
(pm)			X	X						X	X						X	X			-	-	-	X	X	H	-	-	-	-	X	
Jan. (am)	X	H					X	X						X	X	H				-	X	X	-					X	X			
(pm)	X	H					X	X						X	X	H				-	X	X	-					X	X			
Feb. (am)				X	X						X	X						X	X	-					X	X					-	-
(pm)				X	X						X	X						X	X	-					X	X					-	-
Mar.(am)			X	X						X	X					-	X	X						X	X							X
(pm)			X	X						X	X					-	X	X						X	X							X
Apr.(am)	X					H	X	X	-	-	-	-	-	X	X							X	X						X	X		-
(pm)	X					H	X	X	-	-	-	-	-	X	X							X	X						X	X		-
May(am)					X	X						X	X						X	X						X	X	H				
(pm)					X	X						X	X						X	X						X	X	H				
Jun.(am)		X	X						X	X	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(pm)		X	X						X	X	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

ENTER TIME AND INITIALS OF PERSON GIVING MEDICATION:
SIGNATURE & INITIALS _____

A=Absent N=No Medicine Available
H=Holiday D=Early Dismissal
O=No Show F=Field Trip - = No school
S=Medication Stopped X=Weekend

Comments _____

