

School Name _____ Dates Attending _____

Health Supervisor _____

BK = breakfast
 L = lunch
 D = dinner
 BT = bedtime

Regular Medication Log

Student Name	Medication, Dosage, & Frequency Taken	<i>Highlight times regular medications are scheduled. Then initial when medications are administered</i>				
		Monday	Tuesday	Wednesday	Thursday	Friday
		BK	BK	BK	BK	BK
		L	L	L	L	L
		D	D	D	D	D
		BT	BT	BT	BT	BT
		BK	BK	BK	BK	BK
		L	L	L	L	L
		D	D	D	D	D
		BT	BT	BT	BT	BT
		BK	BK	BK	BK	BK
		L	L	L	L	L
		D	D	D	D	D
		BT	BT	BT	BT	BT
		BK	BK	BK	BK	BK
		L	L	L	L	L
		D	D	D	D	D
		BT	BT	BT	BT	BT
		BK	BK	BK	BK	BK
		L	L	L	L	L
		D	D	D	D	D
		BT	BT	BT	BT	BT
		BK	BK	BK	BK	BK
		L	L	L	L	L
		D	D	D	D	D
		BT	BT	BT	BT	BT
		BK	BK	BK	BK	BK
		L	L	L	L	L
		D	D	D	D	D
		BT	BT	BT	BT	BT
		BK	BK	BK	BK	BK
		L	L	L	L	L
		D	D	D	D	D
		BT	BT	BT	BT	BT
		BK	BK	BK	BK	BK
		L	L	L	L	L
		D	D	D	D	D
		BT	BT	BT	BT	BT