

EXHIBIT Appendix C

JGCD

**STUDENTS
MEDICATIONS**

OCTOBER 18, 2024 ~~APRIL 2018~~

An individual record of administration of medication during school hours by school personnel will be entered into the electronic student information system (MiStar).

~~This form is to be placed in the student's personal cumulative file at the end of the school year and maintained for a period of three school years.~~

KEEP

SAMPLE Medication Administration Daily Log
School Year 20_____

JGCD Exhibit-Appendix C (1)

NOTE: One Medication Administration per Form

Directions: Record in date below; Time(s) administered; initials of person administering; and initials of witness.

	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	
August																																
September																																
October																																
November																																
December																																

Note: (see back of page for additional information i.e. adverse reactions, parent contacts, etc)

Student _____ BD _____ Grade _____ Sex _____ ID _____ HmRm _____ School _____ Health Care/504 Plan _____

Teacher/Counselor _____ Doctor's Name _____ Medication _____ Dosage _____ Time _____

Pentamation Medical Information

Additional Information

Med Alert 1 _____

Med Alert 2 _____

Med Alert 3 _____

Med Comment 1 _____

Med Comment 2 _____

Codes:

(A) Absent (F) Field Trip (X) No School
(E) Early Dismissal (N) No Medication Available

Persons Administering and Witnessing Medication:

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Print Name Initials

1. _____ _____

3. _____ _____

2. _____ _____

4. _____ _____

SAMPLE Medication Administration Daily Log

School Year 20 _____

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	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
January																															
February																															
March																															
April																															
May																															
June																															

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Persons Administering and Witnessing Medication:

Print Name Initials

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

KEEP