

SAGINAW TOWNSHIP COMMUNITY SCHOOLS DAILY DISTRIBUTION LOG FOR THE SCHOOL YEAR _____

Student Name: _____ Grade: _____ Teacher: _____
 Name of Medicine: _____ Dosage: _____ Time: _____
 Name of Medicine: _____ Dosage: _____ Time: _____
 Name of Medicine: _____ Dosage: _____ Time: _____
 Given: () Orally () Injection () Other: _____

Codes: X – No School O – No Show H – Sent bottle home
 AB – Absent DC – Discontinued R – Refused to take bottle home
 F – Field Trip N – No meds available

*Use RED ink to note difference in dispensation from above. (i.e., time, dose, etc.)

Date			Date
1			1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
31			31

Date	Count	Exp. Date	Initial	witness	

Signature of Medication Providers and Witnesses:

FILE IN CA60