

SAGINAW TOWNSHIP COMMUNITY SCHOOLS DISTRIBUTION LOG FOR THE SCHOOL YEAR _____

Circle one: OTC (over the counter), PRN (as needed), or Emergency

Student Name: _____ Grade: _____ Teacher: _____
 Name of Medicine: _____ Dosage: _____ Time: _____
 Name of Medicine: _____ Dosage: _____ Time: _____
Authorized by: Parent _____ Physician _____

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

Day	Date	Time	Initials/ Witness	Comments	Date	Time	Initials/ Witness	Comments
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

Date	Count	Exp. Date	Initial	Witness	

Signature of Medication Providers and Witnesses:

FILE IN CA60