

WAPAKONETA CITY SCHOOLS

THIS SIDE OFFICE USE ONLY

Homeroom Teacher _____

STUDENT _____ SCHOOL Wapakoneta Elementary

MEDICATION _____ DOSE _____

PER DR. _____ AS OF (DATE) _____

PRESCRIPTION / OVER THE COUNTER (CIRCLE ONE) FOR SCHOOL YEAR 2013-2014

AUG	SEPT	OCT	DEC	JAN	FEB	APR	MAY
23	25	29	5	23	27	1	8
26	26	30	6	24	28	2	9
27	27	31	9	27	MAR	3	12
28	30	NOV	10	28	3	4	13
29	OCT	1	11	29	4	7	14
30	1	4	12	30	5	8	15
SEPT	2	5	13	31	6	9	16
3	3	6	16	FEB	7	10	19
4	4	7	17	3	10	11	20
5	7	8	18	4	11	14	21
6	8	11	19	5	12	15	22
9	9	12	20	6	13	16	23
10	10	13	JAN	7	14	22	27
11	14	14	6	10	17	23	28
12	15	15	7	11	18	24	29
13	16	18	8	12	19	25	30*
16	17	19	9	13	20	28	JUN
17	18	20	10	14	21	29	2*
18	21	21	13	18	24	30	3*
19	22	22	14	19	25	MAY	4*
20	23	25	15	20	26	1	5*
23	24	DEC	16	21	27	2	
24	25	2	21	24	28	5	
	28	3	22	25	31	6	
		4		26		7	

*Possible make-up day

Medication sent home (date):
 _____ / _____ / _____

Medication brought in (date):
 _____ / _____ / _____

pills (if applicable):
 _____ / _____ / _____

Signatures/Initials
 _____ / _____

 _____ / _____

 _____ / _____

