

# WAPAKONETA CITY SCHOOLS

THIS SIDE OFFICE USE ONLY

Homeroom Teacher \_\_\_\_\_

STUDENT \_\_\_\_\_ SCHOOL Wapakoneta High

MEDICATION \_\_\_\_\_ DOSE \_\_\_\_\_

PER DR. \_\_\_\_\_ AS OF (DATE) \_\_\_\_\_

PRESCRIPTION / OVER THE COUNTER (CIRCLE ONE)

FOR SCHOOL YEAR 2011-2012

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

\*Possible make-up day

Medication sent home (date):  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Medication brought in (date):  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# pills (if applicable):  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signatures/Initials

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# WAPAKONETA CITY SCHOOLS

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Homeroom Teacher \_\_\_\_\_

STUDENT \_\_\_\_\_ SCHOOL Wapakoneta Middle

MEDICATION \_\_\_\_\_ DOSE \_\_\_\_\_

PER DR. \_\_\_\_\_ AS OF (DATE) \_\_\_\_\_

PRESCRIPTION / OVER THE COUNTER (CIRCLE ONE)

FOR SCHOOL YEAR 2011-2012

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

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# WAPAKONETA CITY SCHOOLS

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Homeroom Teacher \_\_\_\_\_

STUDENT \_\_\_\_\_ SCHOOL Wapakoneta Elementary

MEDICATION \_\_\_\_\_ DOSE \_\_\_\_\_

PER DR. \_\_\_\_\_ AS OF (DATE) \_\_\_\_\_

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6	10	14	22	6	8	16	18
7	11	15	<b>JAN</b>	7	9	17	21
8	12	16	3	8	12	18	22
9	13	17	4	9	13	19	23
12	17	18	5	10	14	20	24
13	18	21	6	13	15	23	25
14	19	28	9	14	16	24	29*
15	20	29	10	15	19	25	30*
16	21	30	11	16	20	26	31*
19	24	<b>DEC</b>	12	17	21	27	
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27		8	24			4	

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Medication brought in (date):  
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# pills (if applicable):  
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Signatures/Initials  
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# WAPAKONETA CITY SCHOOLS

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Homeroom Teacher \_\_\_\_\_

STUDENT \_\_\_\_\_ SCHOOL Cridersville Elementary

MEDICATION \_\_\_\_\_ DOSE \_\_\_\_\_

PER DR. \_\_\_\_\_ AS OF (DATE) \_\_\_\_\_

PRESCRIPTION / OVER THE COUNTER (CIRCLE ONE)

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6	10	14	22	6	8	16	18
7	11	15	<b>JAN</b>	7	9	17	21
8	12	16	3	8	12	18	22
9	13	17	4	9	13	19	23
12	17	18	5	10	14	20	24
13	18	21	6	13	15	23	25
14	19	28	9	14	16	24	29*
15	20	29	10	15	19	25	30*
16	21	30	11	16	20	26	31*
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Signatures/Initials  
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