

BANDUNG ALLIANCE INTERNATIONAL SCHOOL MEDICATION LOG FOR ROUTINE MEDICATION



School Year :

Student :

Grade : Teacher:

Medication, Route :

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Dose, Time :

Dates :

The BAIS Nurse has my permission to give my child the medication prescribed by Dr. _____ for _____ (reason for medication) in the dosage, frequency, and route indicated to the left during this school year.

The medication will be brought to school in the pharmacy labeled bottle or package.

Signed: _____ Date: _____

	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																																
JANUARY																																
FEBRUARY																																
MARCH																																
APRIL																																
MAY																																
JUNE																																

INIT.	NAME	INIT.	NAME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CODES

-- : Weekend F : Field Trip
H : Holiday D : Early Dismissal
A : Absent W : Dose Withheld
N : None Available O : No Show
(Chart Reason)