

Medication Distribution Sheet (2026-2027)

Daily _____ PRN _____

Name _____ Grade/Teacher _____ School Year _____

Medication - Name, Dosage, Route, Time and Specific Instructions

	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	
Aug	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Sep				X	X	X	X					X	X						X	X						X	X				X	
				X	X	X	X					X	X						X	X						X	X				X	
				X	X	X	X					X	X						X	X						X	X				X	
Oct			X	X						X	X				X	X	X	X						X	X						X	
			X	X						X	X				X	X	X	X						X	X						X	
			X	X						X	X				X	X	X	X						X	X						X	
Nov	X					X	X	X						X	X						X	X			X	X	X	X	X	X	X	
	X					X	X	X						X	X						X	X			X	X	X	X	X	X	X	
	X					X	X	X						X	X						X	X			X	X	X	X	X	X	X	
Dec					X	X						X	X						X	X			X	X	X	X	X	X	X	X	X	
					X	X						X	X						X	X			X	X	X	X	X	X	X	X	X	
					X	X						X	X						X	X			X	X	X	X	X	X	X	X	X	
Jan	X	X	X	X					X	X					X	X	X						X	X							X	X
	X	X	X	X					X	X					X	X	X						X	X							X	X
	X	X	X	X					X	X					X	X	X						X	X							X	X
Feb						X	X						X	X	X						X	X				X	X	X	X	X	X	
						X	X						X	X	X						X	X				X	X	X	X	X	X	
						X	X						X	X	X						X	X				X	X	X	X	X	X	
Mar						X	X						X	X							X	X				X	X	X	X			
						X	X						X	X							X	X				X	X	X	X			
						X	X						X	X							X	X				X	X	X	X			
Apr			X	X						X	X						X	X						X	X						X	X
			X	X						X	X						X	X						X	X						X	X
			X	X						X	X						X	X						X	X						X	X
May	X	X						X	X						X	X							X	X					X	X	X	X
	X	X						X	X						X	X							X	X					X	X	X	X
	X	X						X	X						X	X							X	X					X	X	X	X

Sign and date at bottom only once to identify initials.

Signature of Person Administering	Initials	Date

Amt Received	Date

Disposition:	Date	Date
Depleted		
Discontinue		
# Destroyed		
# Returned		

A=Absent
 X=No School
 O=Not Given
 Exp: _____