



Gaston County Schools Medication Log 2020-2021

Student Name _____ DOB _____ School _____

Medication _____ Dosage _____ Time _____

Enter **Time** and **Initials** of person giving medication.

	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 (AM)																																
(PM)																																
Sep (AM)																																
(PM)																																
Oct (AM)																																
(PM)																																
Nov (AM)																																
(PM)																																
Dec (AM)																																
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Jan (AM)																																
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Feb (AM)																																
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Mar (AM)																																
(PM)																																
Apr (AM)																																
(PM)																																
May (AM)																																
(PM)																																
Jun (AM)																																
(PM)																																

Signature & Initials _____
 Signature & Initials _____
 Signature & Initials _____
 Signature & Initials _____

A=Absent N=No Med Avail
 D=Early Dismissal O=No Show
 F=Field Trip S=Med Stopped

Comments _____

ALL CONTROLLED MEDICATIONS MUST BE COUNTED BY BOTH GCS STAFF AND PARENT/GUARDIAN BEFORE BEING LEFT AT SCHOOL