Name		School	School Year			
MEDICATION	or	HEALTH CARE				
(name, dosage, route, time, specific instructions)		(name, time, specific instructions, atta	(name, time, specific instructions, attach individualized procedure)			
		Permission on file				

## PHYSICIAN

FIIIJIC	IAIN		PHYSICIAN									
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July
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**A**-Absent

X- No School

## **E**-Error, not administered; Comment on back, file incident report

-Enter additional comments on back

-Use one sheet per medication/health care -Initial space for administration -Sign and date at bottom only once to identify initials

-Include completed form in health record

	_		
Amt. Rec'd	Date	Disposition	Date
		Depleted	
		Discontinue	
		Returned	
		Destroyed	
Signature, person administeri ng	Title	Initials	Date

## **Individual Student Health Narrative Note**

ate/Time	
	HUMBOLDT COMMUNITY SCHOOL DISTRICT BOARD POLICY MANUAL