

Student's Name: Last				First:				DOB:		
School: PPSEL		Medication:		Dosage:		Route:		Time:		
Name of RN (please print):				Signature of RN:			Date:		Initials:	
Delegatee's Name (Please Print) Kyle, Savannah				Delegatee's Signature				DATE		

Aug	Mon 5	Tues 6	Weds 7	Thurs 8	Fri 9	Mon 12	Tues 13	Weds 14	Thurs 15	Fri 16	Mon 19	Tues 20
2019												
Weds 21	Thurs 22	Fri 23	Weds 22	Thurs 23	Fri 24	Mon 26	Tues 27	Weds 28	Thurs 29	Fri 30	Sept	Tues 3
											2019	
Weds 4	Thurs 5	Fri 6	Mon 9	Tues 10	Wed 11	Thurs 12	Fri 13	Mon 16	Tues 17	Wed 18	Thurs 19	Fri 20
Mon 23	Tues 24	Weds 25	Thurs 26	Fri 27	Mon 30	Oct	Tues 1	Weds 2	Thurs 3	Fri 4	Mon 7	Tues 8
						2019						
Wed 9	Thurs 10	Nov	Fri 1	Mon 4	Tues 5	Weds 6	Thurs 7	Fri 8	Mon 11	Tues 12	Weds 13	Thurs 14
		2019										
Fri 15	Mon 18	Tues 19	Weds 20	Thurs 21	Fri 22	Dec	Mon 2	Tues 3	Weds 4	Thurs 5	Fri 6	Mon 9
						2019						
Tues 10	Wed 11	Thurs 12	Fri 13	Mon 16	Tues 17	Wed 18	Thurs 19	Fri 20	Jan	Tues 7	Wed 8	Thurs 9
									2020			2019
Fri 10	Mon 13	Tues 14	Wed 15	Thurs 16	Fri 17	Tues 21	Wed 22	Thurs 23	Fri 24	Mon 27	Tues 28	Wed 29
Thurs 30	Fri 31	Feb	Mon 3	Tues 4	Weds 5	Thurs 6	Fri 7	Mon 10	Tues 11	Weds 12	Thurs 13	Fri 14
		2020										
Tues 18	Weds 19	Thurs 20	Fri 21	Mon 24	Tues 25	Weds 26	Thurs 27	Fri 28	Mar	Mon 2	Tues 3	Weds 4
									2020			
Thurs 5	Fri 6	Mon 9	Tues 10	Weds 11	Thurs 12	Fri 13	Mon 30	Tues 31	Apr	Weds 1	Thurs 2	Fri 3
									2020			
Mon 6	Tues 7	Weds 8	Thurs 9	Fri 10	Mon 13	Tues 14	Weds 15	Thurs 16	Fri 17	Mon 20	Tues 21	Wed 22
Thurs 23	Fri 24	Mon 27	Tues 28	Weds 29	Thurs 30	May	Fri 1	Mon 4	Tues 5	Weds 6	Thurs 7	Mon 11
						2020						
Tues 12	Weds 13	Thurs 14	Mon 18	Tues 19	Wed 21	Thurs 22	Weds 22					

NS = No School	ER = Early Release	FT = Field Trip	DC = Discontinued
LS = Late Start	A = Absent	OM = Out of Meds	R = Refused Meds
Date Received: _____	Expiration Date: _____	Quantity: _____	Initials: _____
Date Received: _____	Expiration Date: _____	Quantity: _____	Initials: _____
Date Received: _____	Expiration Date: _____	Quantity: _____	Initials: _____
Date Received: _____	Expiration Date: _____	Quantity: _____	Initials: _____

