

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

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

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Photo