

Date: \_\_\_\_\_




Health Services

**Substitute Medication and Treatment Log**

	<b>Student Name</b>	<b>Medication – Strength and Form – (Amount Give) or Treatment Listed</b>	<b>Route</b>	<b>Time to Give</b>	<b>Time Given</b>	<b>Sub Initial</b>	
Ex.	<i>John Doe</i>	<i>Methlyphenidate 10mg Tablet (half tablet to equal 5mg)</i>	<i>by mouth</i>	<i>11:00 am</i>	<i>11:18 am</i>	<i>MC</i>	
1							<input type="checkbox"/>
2							<input type="checkbox"/>
3							<input type="checkbox"/>
4							<input type="checkbox"/>
5							<input type="checkbox"/>
6							<input type="checkbox"/>
7							<input type="checkbox"/>
8							<input type="checkbox"/>
9							<input type="checkbox"/>
10							<input type="checkbox"/>
11							<input type="checkbox"/>
12							<input type="checkbox"/>
13							<input type="checkbox"/>
14							<input type="checkbox"/>
15							<input type="checkbox"/>

Substitute Staff Name & Initials: \_\_\_\_\_

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Ex.	<i>John Doe</i>	<i>Methylphenidate 10mg Tablet (half tablet to equal 5mg)</i>	<i>by mouth</i>	<i>11:00 am</i>	<i>11:18 am</i>	<i>MC</i>	
16							<input type="checkbox"/>
17							<input type="checkbox"/>
18							<input type="checkbox"/>
19							<input type="checkbox"/>
20							<input type="checkbox"/>
21							<input type="checkbox"/>
22							<input type="checkbox"/>
23							<input type="checkbox"/>
24							<input type="checkbox"/>
25							<input type="checkbox"/>
26							<input type="checkbox"/>
27							<input type="checkbox"/>
28							<input type="checkbox"/>
29							<input type="checkbox"/>
30							<input type="checkbox"/>
31							<input type="checkbox"/>
32							<input type="checkbox"/>
33							<input type="checkbox"/>

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Ex.	<i>John Doe</i>	<i>Methylphenidate 10mg Tablet (half tablet to equal 5mg)</i>	<i>by mouth</i>	<i>11:00 am</i>	<i>11:18 am</i>	<i>MC</i>	
34							<input type="checkbox"/>
35							<input type="checkbox"/>
36							<input type="checkbox"/>
37							<input type="checkbox"/>
38							<input type="checkbox"/>
39							<input type="checkbox"/>
40							<input type="checkbox"/>
41							<input type="checkbox"/>
42							<input type="checkbox"/>
43							<input type="checkbox"/>
44							<input type="checkbox"/>
45							<input type="checkbox"/>
46							<input type="checkbox"/>
47							<input type="checkbox"/>
48							<input type="checkbox"/>
49							<input type="checkbox"/>
50							<input type="checkbox"/>
51							<input type="checkbox"/>

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