



Pensacola Learning Academy  
 3186 Gateway Lane  
 Cantonment, FL 32533

**STUDENT MEDICATION RECORD  
 OVER - THE - COUNTER  
 20 - 20 SCHOOL YEAR**

Name \_\_\_\_\_ Allergies \_\_\_\_\_ Prescriber: \_\_\_\_\_  
 D. O. B. \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Medication Code	Stock Dose	Yes	No	Auth Date	/ Stop Date
<b>A: ACETAMINOPHEN (ORAL):</b>	Liquid 160mg/5ml or 325mg/tablet				/
<b>C: CALCIUM CARBONATE (ORAL)</b>	750mg/tablet				/
<b>D: DIPHENHYDRAMINE (ORAL)</b>	Liquid 12.5mg/5ml or 25mg/tablet				/
<b>I: IBUPROFEN (ORAL)</b>	100mg/5ml or 200mg/tablet				/
<b>S: STONG RELEIF PAD (TOPICAL)</b>	2% Lidocaine towelette				/

**Enter medication code from above to indicate name of medication and dose in mg.**

<b>Medication:</b>										
<b>Dose:</b>										
<b>Date:</b>										
<b>Time:</b>										
<b>Response</b>	Normal	Abnormal	Normal	Abnormal	Normal	Abnormal	Normal	Abnormal	Normal	Abnormal
<b>Parent Contact</b>	Y	N	Y	N	Y	N	Y	N	Y	N
<b>Daily Signature</b>	HT/LPN/RN		HT/LPN/RN		HT/LPN/RN		HT/LPN/RN		HT/LPN/RN	
<b>Medication:</b>										
<b>Dose:</b>										
<b>Date:</b>										
<b>Time:</b>										
<b>Response</b>	Normal	Abnormal	Normal	Abnormal	Normal	Abnormal	Normal	Abnormal	Normal	Abnormal
<b>Parent Contact</b>	Y	N	Y	N	Y	N	Y	N	Y	N
<b>Daily Signature</b>	HT/LPN/RN		HT/LPN/RN		HT/LPN/RN		HT/LPN/RN		HT/LPN/RN	
<b>Medication:</b>										
<b>Dose:</b>										
<b>Date:</b>										
<b>Time:</b>										
<b>Response</b>	Normal	Abnormal	Normal	Abnormal	Normal	Abnormal	Normal	Abnormal	Normal	Abnormal
<b>Parent Contact</b>	Y	N	Y	N	Y	N	Y	N	Y	N
<b>Daily Signature</b>	HT/LPN/RN		HT/LPN/RN		HT/LPN/RN		HT/LPN/RN		HT/LPN/RN	

RN Weekly Signature/Date	

**Parent/Guardian Signature:** \_\_\_\_\_

