Medication School Health Screening Report Worksheet

School Year _____ School _____

Medication	August	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June	TOTALS
Amphetamines												
Antibiotic												
Analgesic												
Antipyretic												
Antacid												
Anticonvulsant												
Antidepressant												
Insulin												
Hypoglycemic												
Anti-nflamatory												
Anti-Psychotic												
Bronchodilator												
CNS Stimulant												
Corticosteroids												
Cough/Cold												
Nonsteroidal Anti-inflam.												
Vaccine												
Homeopathic												
Other												