

**Surrey School Mediation Log Form 2025-2026**  
**PO BOX 40, Surrey ND. 58785 701-838-1262**

<b>Student Name</b>	<b>Student Grade</b>		
I authorize Surrey School Personnel to dispense the following medication to my child.		<b>Parent Signature</b>	<b>Date</b>
Name of Medicine: _____		I hereby release Surrey Public School from any liability for damages or injury directly or indirectly resulting from my child's use of this medication.	Student Photo if Available Here
Dose / Quantity: _____ TIME: _____			
Shape: _____			
Color: _____			

2025-2026	Time	Initial	Time	Initial		Time	Initial	Time	Initial		Time	Initial	Time	Initial		Time	Initial	Time	Initial
<b>August</b>				<b>September</b>				<b>November</b>				<b>December</b>							
12-Aug					22-Sep					3-Nov					1-Dec				
13-Aug					23-Sep					4-Nov					2-Dec				
14-Aug					24-Sep					5-Nov					3-Dec				
18-Aug					25-Sep					6-Nov					4-Dec				
19-Aug					29-Sep					10-Nov					8-Dec				
20-Aug					30-Sep					12-Nov					9-Dec				
21-Aug					<b>October</b>				13-Nov					10-Dec					
25-Aug					1-Oct					17-Nov					11-Dec				
26-Aug					2-Oct					18-Nov					15-Dec				
27-Aug					6-Oct					19-Nov					16-Dec				
28-Aug					7-Oct					20-Nov					17-Dec				
<b>September</b>				8-Oct					24-Nov					18-Dec					
2-Sep					9-Oct					25-Nov									
3-Sep					13-Oct					26-Nov									
4-Sep					14-Oct														
8-Sep					15-Oct														
9-Sep					16-Oct														
10-Sep					20-Oct														
11-Sep					21-Oct														
15-Sep					22-Oct														
16-Sep					23-Oct														
17-Sep					27-Oct														
18-Sep					28-Oct														
					29-Oct														
					30-Oct														

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2025-2026	Time	Initial	Time	Initial		Time	Initial	Time	Initial		Time	Initial	Time	Initial		Time	Initial	Time	Initial
<b>January</b>					<b>February</b>					<b>March</b>					<b>April</b>				
5-Jan					2-Feb					11-Mar					23-Apr				
6-Jan					3-Feb					16-Mar					27-Apr				
7-Jan					4-Feb					17-Mar					28-Apr				
8-Jan					5-Feb					18-Mar					29-Apr				
12-Jan					9-Feb					19-Mar					30-Apr				
13-Jan					10-Feb					23-Mar					<b>May</b>				
14-Jan					11-Feb					24-Mar					4-May				
15-Jan					12-Feb					25-Mar					5-May				
19-Jan					16-Feb					26-Mar					6-May				
20-Jan					17-Feb					30-Mar					7-May				
21-Jan					18-Feb					31-Mar					11-May				
22-Jan					19-Feb					<b>April</b>					12-May				
26-Jan					SMD Feb-20					1-Apr					13-May				
27-Jan					23-Feb					2-Apr					SMD May-15				
28-Jan					24-Feb					7-Apr					14-May				
29-Jan					25-Feb					8-Apr					18-May				
					26-Feb					9-Apr					19-May				
					<b>March</b>					13-Apr					20-May				
					2-Mar					14-Apr					21-May				
					3-Mar					15-Apr									
					4-Mar					16-Apr									
					5-Mar					20-Apr									
					9-Mar					21-Apr									
					10-Mar					22-Apr									

**Medication Given Codes**

Medication Given:	Initial	Early Out:	EO
Student Absent:	A	No School:	NS
Field Trip:	FT	Weather:	W
Medication Out:	MO	Storm makeup day:	SMD