Exhibit Descriptor Code: ACBD-E7

DICKINSON PUBLIC SCHOOLS RECORD OF SUPERVISED MEDICATION/TREATMENT

Use one form for each medication received.

Student					Grade					Page
Log of Medication/Supplies Received: Date Name of Med & Dose/Items(s) # Received					Verifying Signature (Adult)			Verifying Signature (Adult)		
Date	Name of Med 8	e Dose/Items(S) # Receiv	eu	vernynig	Signature (A	duit) V	ernying s	Signature	(Auuit)
	RECORD (OF SUPERVI	SED MED	ICAT	ΓΙΟΝ/TREA	TMENT (Pla	ace Initials	and Tim	e in Box)	
Name of Med/		Monday	Tu	esday		Wednesday	Th	ursday	F	'riday
		04/06	04	1/07		04/08	04	1/09	(04/10
		No School								
		04/13	04	1/14		04/15	04	1/16	(04/17
		04/20	Ω/	1/21		04/22	0.4	1/23	- 1	04/24
		04/20	0-	1/41		04/22	0-	1 23	') - /2 -
		04/27	04	1/28		04/29	04	1/30	10	05/01
		05/04	05	5/05		05/06	05	5/07	(05/08
		05/11	0.5	5/12		05/13	05	5/14)5/15
		00,11		,, 		00/10		,,,,,,		,0,10
		07/10	0.0	7/10		0.5/20	0.5	7/01		25/22
		05/18	03	5/19		05/20	05	5/21	')5/22
		05/25	05	5/26		05/27	05	5/28)5/29
		06/01	00	5/02		06/03				
			T 24*	-1 T.1		Evil Classed				
Initial	Signature		Initial		ntification / gnature	Full Signatur	re Initial	Signa	iture	
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