

MEDICATION ADMINISTRATION LOG

(One log per medication)

STUDENT:	PARENT:	YEAR:	TEACHER:
MEDICATION	DOSE	ROUTE	TIME
			COMMENT:
DATE			
COUNT			
INITIALS (2 PEOPLE)			

MEDICATION ADMINISTRATION LOG

August	September	October	November

Notes:

December	January	February	March

Notes:

April	May	June	July

Notes:

CODES

(initials) = given, X = No School, A = Absent, NP = No med Available, R = Refused, PC = Parent called/notified, OT = Off Track

STAFF TO ADMINISTER

Staff Name	Signature	Initial	Date Trained

Official Use Only: School Nurse to complete Date Complete Form Received:

School Nurse Name	Signature	Initial	Date(s) Staff Trained

Notes:

This form is not required if Local Education Agency (LEA) has developed their own medication authorization form/log with the same information included.