

MEDICATION ADMINISTRATION LOG
(One form per medication)

STUDENT:	PARENT:			DATE:
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.