

Medication administration log (One form per medication)																			
Student name:					Parent name:										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 the district or school has developed their own medication authorization form/log with the same information included.