

DELAWARE CITY SCHOOLS
MEDICATION ADMINISTRATION DAILY LOG

Student	Teacher	Date Started	Date End
Medication	Strength	Dose	Time

Special Instructions

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AUG																															
SEP																															
OCT																															
NOV																															
DEC																															
JAN																															
FEB																															
MAR																															
APR																															
MAY																															
JUN																															

Initials/Signature _____

KEY	COMMENTS
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Initials = Medication taken within 1 hour of designated time

0 = No medication available

X = No School

ab = Absent

er = Error

Ref = Refused

- Prescriber order on file
- Parent/guardian signature on file