

**MEDICATION ADMINISTRATION DAILY LOG**  
(To be completed for each medication)

School Year \_\_\_\_\_

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Grade or Homeroom (or) Teacher(s) \_\_\_\_\_

Name of School \_\_\_\_\_

Name and Dosage of Medication \_\_\_\_\_ Route(s) \_\_\_\_\_ Given in School \_\_\_\_\_

Directions: Initial with time of administration; a complete signature and initials of each person administering medications should be included below.

|           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|-----------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|           | 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 |
| SEPTEMBER |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| OCTOBER   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| NOVEMBER  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| DECEMBER  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| JANUARY   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| FEBRUARY  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| MARCH     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| APRIL     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| MAY       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| JUNE      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

**INITIAL** (of person administering medication)

|          |           |  |
|----------|-----------|--|
|          | SIGNATURE |  |
| 1. _____ | _____     |  |
| 2. _____ | _____     |  |
| 3. _____ | _____     |  |
| 4. _____ | _____     |  |

|          |         |       |           |
|----------|---------|-------|-----------|
|          | INITIAL |       | SIGNATURE |
| 5. _____ | _____   | _____ | _____     |
| 6. _____ | _____   | _____ | _____     |
| 7. _____ | _____   | _____ | _____     |
| 8. _____ | _____   | _____ | _____     |

|                             |  |
|-----------------------------|--|
|                             | CODES  |
| (A) Absent                  | (O) No Show  |
| (E) Early Dismissal         | (W) Dosage Withheld                                    |
| (F) Field Trip              | (X) No School (i.e. Holiday, weekend, snow days, etc.) |
| (N) No Medication Available |  |

Use reverse side for reporting significant information (e.g. Observation of medication's effectiveness, adverse reactions, reason for omission, plan to prevent future "no shows".)