

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	INITIAL	SIGNATURE		CODES
1. _____	_____	5. _____	_____	(A) Absent	(O) No Show
2. _____	_____	6. _____	_____	(E) Early Dismissal	(W) Dosage Withheld
3. _____	_____	7. _____	_____	(F) Field Trip	(X) No School (i.e. Holiday, weekend, snow days, etc.)
4. _____	_____	8. _____	_____	(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".)