

Medication Administration Daily Log



Seperate form to be completed for each medication.

School/Facility Name: Sc	Stu	dent	Info	rmat	ion																												
Oricections: Initial with time of administration; a complete signature and initials of each person administrating 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 Sept 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 Sept 1	Student's Name:									Date of Birth: (mm/dd/yy)							Teacher:						Sc	School Year:									
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3 F – Field Trip X – No School (e.g. Holiday, weekend, snow day etc.																		_											/, wee	kend	, snov	v dav	etc.)
4 N – No Medication Available																		-			tion A	vaila	ble		-	, i	5	,		- ,		,	,

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

Sample Medication Log

Date	Explanation	Signature	Date	Explanation	Signature