

qathet School District



Medication Administration Daily Log

Separate form to be completed for each medication.

Student Information																															
Student's Name:										Date of Birth: (mm/dd/yy)										Teacher:					School Year:						
School/Facility Name:															Medication:																
Directions: 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																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
June																															
	Initial	Signature										Code	Codes:																		
1													A – Absent	O – No Show																	
2													E – Early Dismissal	W – Dosage Withheld																	
3													F – Field Trip	X – No School (e.g. Holiday, weekend, snow day etc.)																	
4													N – No Medication Available																		

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").

