

## **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:									
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 33   Sept 1<	School/Facility Name:													Me	Medication:																		
Sept       I	Directions: Initial with time of administration; a complete signature and initials of each person administrating medications should be included below.																																
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		nitia	al		Sig	natur	e								Code	•		Cod	es:														
									-						O – No Show																		
							Early Dismissal W – Dosage Withheld																										
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