



DEPARTMENT OF EDUCATION

MEDICATION ADMINISTRATION LOG

SY: _____



Student: _____ DOB: _____ Room #: _____ Grade: _____

Medication/Dosage: _____

Administration Time: _____

Comments: _____

Month	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
August																															
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															
June																															

Parent/Guardian: _____

Initials _____

Signature _____

Person Administering _____

CODES

Phone: _____

A: Absent

F: Field Trip

School: _____

H: Holiday

D: Early Dismissal

Teacher: _____

S: No School

W: Dose Withheld

Physician: _____

Phone: _____

N: None Available

O: No Show

L: Late Start

X: Error

T: Testing

MEDICATION COUNT LOG

Date																													
Count Received																													

Discontinued Meds: _____

Parent/Guardian Received Meds Back: _____

Date: _____