



# 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: \_\_\_\_\_