

Medication Administration Daily Log

20 ____

Name of Student _____ DOB _____ Teacher/Room _____

| |
|-------------------------------|
| Medication 1 _____ |
| Time of Administration _____ |
| Dosage _____ |
| Route of Administration _____ |
| Changes: |

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| Medication 2 _____ |
| Time of Administration _____ |
| Dosage _____ |
| Route of Administration _____ |
| Changes: |

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| Medication 3 _____ |
| Time of Administration _____ |
| Dosage _____ |
| Route of Administration _____ |
| Changes: |

Directions: Initial with time of administration if 'as needed'; a complete signature and initials of each individual administering medications shall 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 |
|-----------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| August | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| September | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| October | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| November | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| December | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| January | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| February | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| June | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Initial _____

Signature _____

Comments:

Code:

- | | |
|----------------------|----------------------|
| (A)~ Absent | (O)~ No show |
| (E)~ Early Dismissal | (W)~ Dosage Withheld |
| (F)~ Field Trip | (N)~ No Med. Avail. |
| (X)~ No School | |