

Student: _____ Medication / Dosage: _____ Administration Time: _____ School Year: _____

** One log per student / One log per medication

MEDICATION ADMINISTRATION LOG

Please place in Health Insert when completed.

| MONTH | WEEK ONE | | | | | WEEK TWO | | | | | WEEK THREE | | | | | WEEK FOUR | | | | | WEEK FIVE | | | | |
|-----------|----------|---|---|---|---|----------|---|---|---|---|------------|---|---|---|---|-----------|---|---|---|---|-----------|---|---|---|---|
| | YEAR | M | T | W | T | F | M | T | W | T | F | M | T | W | T | F | M | T | W | T | F | M | T | W | T |
| August | | | | | | | | | | | | | | | | | | | | | | | | | |
| September | | | | | | | | | | | | | | | | | | | | | | | | | |
| October | | | | | | | | | | | | | | | | | | | | | | | | | |
| November | | | | | | | | | | | | | | | | | | | | | | | | | |
| December | | | | | | | | | | | | | | | | | | | | | | | | | |
| January | | | | | | | | | | | | | | | | | | | | | | | | | |
| February | | | | | | | | | | | | | | | | | | | | | | | | | |
| March | | | | | | | | | | | | | | | | | | | | | | | | | |
| April | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | | | | | | | | | | | | | | | | | | | | | | | | | |
| June | | | | | | | | | | | | | | | | | | | | | | | | | |
| July | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | |

Medication Count Log

| Date | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Count Received | | | | | | | | | | | | | | | | | | | | | | | | | | |

Parent/Guardian: _____
 Address: _____
 Phone (home): _____ (work) _____
 School: _____ Grade: _____ Rm: _____
 Teacher: _____

Diagnosis: _____
 ___Oral ___Topical ___Inhale ___Other___
 Side Effects: _____
 Physician: _____ Phone: _____

| CODES | INITIALS | Signature |
|-----------|----------|-----------|
| A Absent | _____ | _____ |
| H Holiday | _____ | _____ |
| N No Meds | _____ | _____ |
| R Refused | _____ | _____ |

Please note time / initial in date blocks when medication is administered. Notify nurse of concerns and / or changes.