

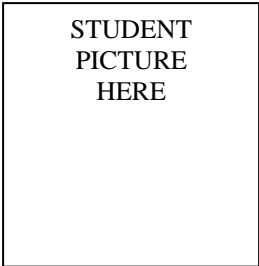
Student Medication Logs

DAILY SUMMARY OF MEDICATION ACTIVITIES

DATE: _____

STUDENT'S NAME	GRADE	PERSON WHO ADMINISTERED MEDICATION	NAME OF MEDICATION			TIME

STUDENTS



09.2241 AP.22
(CONTINUED)

Student Medication Logs
STUDENT MEDICATION ADMINISTRATION RECORD

SCHOOL YEAR: _____

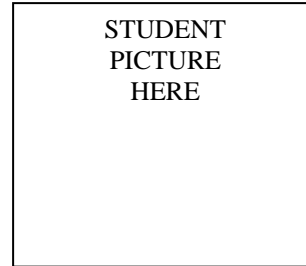
NAME OF STUDENT: _____	DATE OF BIRTH: _____	GENDER: _____	GRADE: _____
ALLERGIES: _____		NAME AND DOSE OF MEDICATION: _____	
ROUTE: _____	TIME(S) GIVEN AT SCHOOL: _____	POSSIBLE SIDE EFFECTS: _____	
Classroom teacher when medication is due: _____		Health Care Provider Name/Phone #: _____	
Emergency Contact Names/Phone #s: _____			

DIRECTIONS: Initial administration or use codes below. A complete signature and initials of each person administrating medication 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
Aug																															
Sept																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
June																															
July																															

Authorized person(s) administering or counting medication: Signature/Initials _____/_____ _____/_____ _____/_____ _____/_____	<p align="center">Documentation Codes:</p> <p>(A) Absent (R) Refused* (W) Dosage withheld* (E) Early dismissal</p> <p>(F) Field trip (X) No school (N) No medication available* (S) Self-administered</p> <p>*Documentation required in student's health file and parent/guardian to be contacted. Please notify teachers if medication is withheld for any reason. Documentation of medication count is on the back of this form.</p>
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STUDENTS



09.2241 AP.22
(CONTINUED)

Student Medication Logs
STUDENT MEDICATION ADMINISTRATION RECORD

NAME OF STUDENT: _____

MEDICATION COUNT			NOTES ON ADMINISTRATING MEDICATIONS		
DATE	AMOUNT PRESENT	INITIALS	DATE	EVENT DESCRIPTION	INITIALS

Review/Revised:8/10/10