Student Medication Logs

DAILY SUMMARY OF MEDICATION ACTIVITIES

DATE: _____

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

STUDENT PICTURE HERE

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

_____/_____

_____/_____

_____/_____

_____/_____

Documentation Codes:

(A) Absent **(R)** Refused* **(W)** Dosage withheld* **(E)** Early dismissal

(F) Field trip **(X)** No school **(N)** No medication available* **(S)** Self-administered

*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.

STUDENT PICTURE HERE

Student Medication Logs

STUDENT MEDICATION ADMINISTRATION RECORD

NAME OF STUDENT: _____

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