

(One form for each medication administered)

Ann Arbor Public School
Medication Administration Daily Log

Name of Student: _____

School Year: _____

Date of Birth : _____

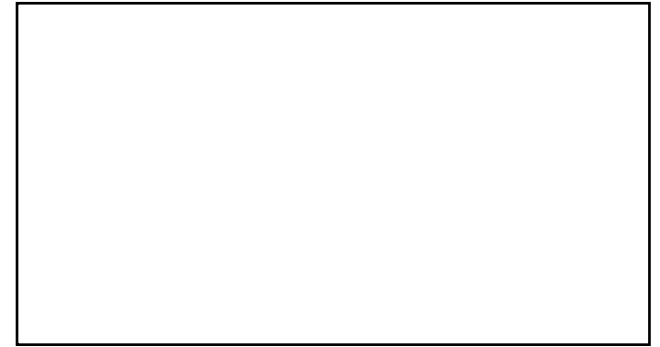
Medication: _____

Gender: _____

Dose: _____ Route: _____

Grade/Teacher: _____

Time: _____



Directions: Initial with time of administration; a complete signature and initials of each individual administering medication and witness 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								
Sept																																							
Int.																																							
Int.																																							
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Oct																																							
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Time																																							
Jan																																							
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Time																																							
Feb																																							
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Int.																																							
Time																																							

Codes (A) Absent, (O) No Show, (E) Early Dismissal, (W) Dosage Withheld, (F) Field Trip, (N) No Medication Available, (X) No School (i.e Holiday, weekend, snow day, etc.)

