



** One Log Per Student / One Log Per Medication

MEDICATION ADMINISTRATION LOG

*Please place in Health insert when completed.

Month	Medication / Dosage	Time Schedule	Week One					Week Two					Week Three					Week Four					Week Five					
			M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	
August																												
September																												
October																												
November																												
December																												
January																												
February																												
March																												
April																												
May																												
June																												
July																												
Comments:																												

Student: _____ D.O.B. _____ Diagnosis: _____ INIT _____ Signature _____
 Address: _____ Medication: _____ Exp Date: _____ **CODES** _____
 Parent/ Guardian: _____ Dosage: _____ Time: _____ **A Absent** _____
 Phone: (h) _____ (w) _____ [] Oral [] Topical [] Inhale [] Other _____ **H Holiday** _____
 School: _____ Gr: _____ Rm: _____ Side Effects: _____ **N No Med** _____
 Teacher: _____ Physician: _____ Phone: _____ **R Refused** _____

* Please note time / initial in date blocks. Note date, # of tables, notes, etc. in Comments with your initial. Over for more info. Notify nurse of concerns and/or changes.