

2007-AR (Medication) Daily Medication Log

Daily Medication Log

Name of Student: _____ School: _____ Grade: _____

Name and dosage of Medication: _____

Route: _____ Frequency: _____ Time(s) given in school: _____

If as needed, what symptoms to be given for: _____

Date	Time	Given By	Witness	Notes/symptoms

Medication Orders Transcribed by: _____ Date: _____

Witness: _____

06/25

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Daily Medication Log

Controlled Substance Count (if applicable)			
Date/Time	Amount	Parent Signature	Staff Signature

Medication Orders Transcribed by: _____

Date: _____

Witness: _____

06/25