STUDENT MEDICATION ADMINISTRATION LOG

Student Name _____ School _____

Grade _____

Why medication is given at school _____

Medication _____

Dosage _____ MD/Phone _____/_____

Parent Name/Daytime Phone Number _____/_____

Time to be given _____

What to do when supply is low _____

Date	Time	Init.	Date	Time	Init.	Date	Time	Init.	Date	Time	Init.

Codes

A: Absent
D: Early Dismissal
E: Medication Bottle Empty
F: Field Trip
H: Holiday
N: No School
O: No Show (Not Absent)
W: Dose Withheld
X: Discontinued

Initial _____ Name _____

Initial _____ Name _____

Initial _____ Name _____

Initial _____ Name _____

Initial _____ Name _____