

MEDICATION ADMINISTRATION LOG																					
(One form per medication)																					
STUDENT:				PARENT:				DATE:													
MEDICATION				DOSE		ROUTE		TIME		COMMENT:											
DATE																					
COUNT																					
INITIALS (2 PEOPLE)																					
MEDICATION ADMINISTRATION LOG																					
August				September				October				November									
Notes:																					
December				January				February				March									
Notes:																					
April				May				June				July									
Notes:																					
CODES																					
(initials) = given, X = No School, A = Absent, NP = No med Available, R = Refused, PC = Parent called/notified, OT = Off Track																					
STAFF TO ADMINISTER																					
Staff Name				Signature				Initial				Date Trained									
Official Use Only: School Nurse to complete								Date Complete Form Received:													
School Nurse Name				Signature				Initial				Date(s) Staff Trained									
Notes:																					

This form is not required if Local Education Agency (LEA) has developed their own medication authorization form/log with the same information included.