MEDICATION ADMINISTRATION LOG

STUDENT NAME: _____
SCHOOL: _____
MEDICATION: _____
DOSE: _____
(STRENGHT AND AMOUNT TO GIVE)

TEACHER: _____ **GRADE:** _____
SCHOOL YEAR: _____
ROUTE: By mouth Injected Inhaled Topical Rectum (CIRCLE ONE)
TIME TO GIVE: _____
(WITH IN + OR - 30 MINUTES)

******PLEASE USE THE FOLLOWING CODES TO DOCUMENT THE REASON MEDICATION WAS NOT GIVEN OR OMITTED******

ED = EARLY DISMISSAL **DC** = DISCONTINUED AT PARENTS REQUEST **R** = REFUSED **AB** = ABSENT **FT** = FIELD TRIP **NMS** = NO MEDICATION AT SCHOOL **NS** = NO SCHOOL

******REASON FOR GIVING MUST MATCH REASON LISTED ON PERMISSION FORM******

DATE	TIME	DOSE	REASON GIVEN OR NOT GIVEN	INITIALS	DATE	TIME	DOSE	REASON GIVEN OR NOT GIVEN	INITIALS

ADMINISTERED BY: _____ INITIALS / SIGNATURE _____ INITIALS / SIGNATURE _____ INITIALS / SIGNATURE