

# Sample Medication Administration Daily Log

(To be completed for each medication)

School Year \_\_\_\_\_

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_ Grade/Home Room (or Teacher) \_\_\_\_\_

Name of School \_\_\_\_\_

Name and Dosage of Medication \_\_\_\_\_ Route \_\_\_\_\_ Frequency \_\_\_\_\_ Time(s) Given in School \_\_\_\_\_

Directions: Initial with time of administration; a complete signature and initials of each person administering medications should be included below.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30 31
Sept																														
Oct																														
Nov																														
Dec																														
Jan																														
Feb																														
Mar																														
Apr																														
May																														
June																														

INITIAL SIGNATURE  
(of person administering medication)

CODES\*

1. \_\_\_\_\_ (A) Absent (O) No Show
2. \_\_\_\_\_ (E) Early Dismissal (W) Dosage Withheld
3. \_\_\_\_\_ (F) Field Trip (X) No School (e.g., holiday, weekend, snow day, etc.)
4. \_\_\_\_\_ (N) No Medication Available

Use reverse side for reporting significant information (e.g. observations of medication's effectiveness, adverse reactions, reason for omission, plan to prevent future "no shows").



