

STUDENTS

MEDICATION ADMINISTRATION RECORDS –FALL Semester Daily Log

School: _____ Grade: _____

Teacher: _____

Name of Student: _____

Allergies: _____

Medication: _____

Dosage: _____

Route: _____ Time: _____

Starting Date: ___/___/___ Ending Date ___/___/___

Signature/Initials of Staff Administering Med
_____ / _____
_____ / _____
_____ / _____
_____ / _____

<p>CODES: TC=Time Constraint R = Refused* N=NTI A = Absent L = Late* F = Field Trip M = Missed* O = Out of Meds</p>	<p>If less than five (5) pills are left in bottle, please send note home with student and document on back of this form.</p>	<p>If med is given 1/2 hour before or after scheduled time, please document reason why on back of this form.</p>
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Date	Time	Initials	Code/ Count	Date	Time	Initials	Code /Count	Date	Time	Initials	Code/ Count
08/16/2023				10/12/2023				12/06/2023			
08/17/2023				10/13/2023				12/07/2023			
08/18/2023				10/16/2023				12/08/2023			
08/21/2023				10/17/2023				12/11/2023			
08/22/2023				10/18/2023				12/12/2023			
08/23/2023				10/19/2023				12/13/2023			
08/24/2023				10/20/2023				12/14/2023			
08/25/2023				10/23/2023				12/15/2023			
08/28/2023				10/24/2023				12/18/2023			
08/29/2023				10/25/2023				12/19/2023			
08/30/2023				10/26/2023							
08/31/2023				10/27/2023							
09/01/2023				10/30/2023							
09/05/2023				10/31/2023							
09/06/2023				11/01/2023							
09/07/2023				11/02/2023							
09/08/2023				11/03/2023							
09/11/2023				11/06/2023							
09/12/2023				11/08/2023							
09/13/2023				11/09/2023							
09/14/2023				11/10/2023							
09/15/2023				11/13/2023							
09/18/2023				11/14/2023							
09/19/2023				11/15/2023							
09/20/2023				11/16/2023							
09/21/2023				11/17/2023							
09/22/2023				11/20/2023							
09/25/2023				11/21/2023							
09/26/2023				11/27/2023							
09/27/2023				11/28/2023							
09/28/2023				11/29/2023							
09/29/2023				11/30/2023							
10/09/2023				12/01/2023							
10/10/2023				12/04/2023							
10/11/2023				12/05/2023							

+ Possible Weather Make-Up Day
 a Medication Incident Report must be completed by the person administering medication.
 ** For End-of-Year Disposal of Medications, please see back of this form
 * Requires further documentation on back of form. If student has three (3) late or out of med occurrences within 1 month (30 days),

