

MEDICATION ADMINISTRATION RECORDS – Spring 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: N= NTI R = Refused* L = Late* A = Absent M = Missed* F = Field Trip 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
01/03/2023				02/22/2023				04/19/2023			
01/04/2023				02/23/2023				04/20/2023			
01/05/2023				02/24/2023				04/21/2023			
01/06/2023				02/27/2023				04/24/2023			
01/09/2023				02/28/2023				04/25/2023			
01/10/2023				03/01/2023				04/26/2023			
01/11/2023				03/02/2023				04/27/2023			
01/12/2023				03/03/2023				04/28/2023			
01/13/2023				03/06/2023				05/01/2023			
01/17/2023				03/07/2023				05/02/2023			
01/18/2023				03/08/2023				05/03/2023			
01/19/2023				03/09/2023				05/04/2023			
01/20/2023				03/10/2023				05/05/2023			
01/23/2023				03/13/2023				05/08/2023			
01/24/2023				03/14/2023				05/09/2023			
01/25/2023				03/15/2023				05/10/2023			
01/26/2023				03/16/2023				05/11/2023			
01/27/2023				03/20/2023				05/12/2023			
01/30/2023				03/21/2023				05/15/2023			
01/31/2023				03/22/2023				05/17/2023			
02/01/2023				03/23/2023				05/18/2023			
02/02/2023				03/24/2023				05/19/2023			
02/03/2023				03/27/2023				05/22/2023			
02/06/2023				03/28/2023				05/23/2023			
02/07/2023				03/29/2023				05/24/2023			
02/08/2023				03/30/2023				05/25/2023			
02/09/2023				03/31/2023				05/26/2023			
02/10/2023				04/10/2023				05/30/2023			
02/13/2023				04/11/2023				05/31/2023			
02/14/2023				04/12/2023				06/01/2023			
02/15/2023				04/13/2023				06/02/2023			
02/16/2023				04/14/2023							
02/17/2023				04/17/2023							
02/21/2023				04/18/2023				+03/17/20			

+ 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),

PRN (AS NEEDED) MEDICATION ADMINISTRATION RECORD

School: _____ Grade: _____ Teacher: _____

Name of Student: _____

Allergies: _____

Medication: _____

Dosage: _____

Route: _____ Time: _____

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

Signature/Initials of Staff Administering Med

_____ / _____

_____ / _____

_____ / _____

_____ / _____

*If less than five (5) pills are left in bottle, or if inhaler is almost empty,
please send note home with student and document on the bottom of this form.*

Date	Time	Dosage	Initials	Comments (i.e. Student Response, Parent/Guardian Contacted, etc.)

* For Disposal of Medications, please see back of this form.

*If less than five (5) pills are left in bottle, or if inhaler is almost empty,
please send note home with student and document on the bottom of this form.*

Date	Time	Dosage	Initials	Comments

DISPOSAL OF MEDICATIONS

Medications will be disposed of at the end of the prescription or at the end of year if Parent/Guardian does not pick up by designated date.
The disposal will be witnessed by another school employee and then verified by signing below.

Date ____ / ____ / ____ and Time _____ am pm - Parent/Guardian picked up pills.

Number of Pills Picked Up _____

Parent/Guardian Signature _____

Date: ____ / ____ / ____

Staff Signature _____

Date: ____ / ____ / ____

Number of Pills Destroyed _____

Staff Signature _____

Date: ____ / ____ / ____

Staff Signature _____

Date: ____ / ____ / ____