

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

\_\_\_\_\_/\_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_

**CODES:** TC=Time Constraint  
 R = Refused\* N=NTI  
 A = Absent L = Late\*  
 F = Field Trip M = Missed\*  
 O = Out of Meds

If less than five (5) pills are left in bottle, please send note home with student and document on back of this form.

If med is given 1/2 hour before or after scheduled time, please document reason why on back of this form.

Date	Time	Initials	Code/ Count	Date	Time	Initials	Code /Count	Date	Time	Initials	Code/ Count
08/14/2024				10/11/2024				12/05/2024			
08/15/2024				10/14/2024				12/06/2024			
08/16/2024				10/15/2024				12/09/2024			
08/19/2024				10/16/2024				12/10/2024			
08/20/2024				10/17/2024				12/11/2024			
08/21/2024				10/18/2024				12/12/2024			
08/22/2024				10/21/2024				12/13/2024			
08/26/2024				10/22/2024				12/16/2024			
08/27/2024				10/23/2024				12/17/2024			
08/28/2024				10/24/2024				12/18/2024			
08/29/2024				10/25/2024				12/19/2024			
08/30/2024				10/28/2024				12/20/2024			
09/03/2024				10/29/2024							
09/04/2024				10/30/2024							
09/05/2024				10/31/2024							
09/06/2024				11/01/2024							
09/09/2024				11/04/2024							
09/10/2024				11/06/2024							
09/11/2024				11/07/2024							
09/12/2024				11/08/2024							
09/13/2024				11/11/2024							
09/16/2024				11/12/2024							
09/17/2024				11/13/2024							
09/18/2024				11/14/2024							
09/19/2024				11/15/2024							
09/20/2024				11/18/2024							
09/23/2024				11/19/2024							
09/24/2024				11/20/2024							
09/25/2024				11/21/2024							
09/26/2024				11/22/2024							
09/27/2024				11/25/2024							
10/07/2024				11/26/2024							
10/08/2024				12/02/2024							
10/09/2024				12/03/2024							
10/10/2024				12/04/2024							

+ 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),





*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: \_\_\_\_/\_\_\_\_/\_\_\_\_