STUDENTS

MEDICATION ADMINISTRATION RECORDS – FALL Semester Daily Log School:Grade:Te							Теас	hor					
Name of Student:								Signat	ure/Initials of Staff A	dministe	ring Med		
Allergies:										1			
Medication:													
Dosage:								-					
Route:				Time	e:						/		_
Starting Date	e:/_		Ending	g Dat	te//			_			/		_
-				_									
CODES: TC=Time Constraint If less than five (5) pills are left in								f med	is given 1/2 ho	ur befo	re		
R = Refuse	d* N	=NTI		bot	ttle, please send	l note h	nome wit	th o	or afte	scheduled tim	ne,		
A = Absent		= Late*	:		dent and docun							,	
F = Field Tr					back of this form.			•	please document reason why on back of this form.				
O = Out of	•	- 141155	cu		Dack of this for								
0 - 0000	lineus		Ι										
Date	Time	Initials	Code/ Count		Date	Time	Initials	Code /Count	t	Date	Time	Initials	Code/ Count
													Count
08/13/2025					10/13/2025					12/04/2025			<u> </u>
08/14/2025					10/14/2025					12/05/2025			ļ
08/15/2025 08/18/2025					10/15/2025 10/16/2025					12/08/2025 12/09/2025			
08/18/2025				_	10/16/2025					12/09/2025			
08/20/2025				_	10/20/2025					12/11/2025			
08/21/2025					10/21/2025					12/12/2025			
08/25/2025					10/22/2025					12/15/2025			
08/26/2025					10/23/2025					12/16/2025			
08/27/2025					10/24/2025					12/17/2025			
08/28/2025					10/27/2025					12/18/2025			l
08/29/2025 09/02/2025				_	10/28/2025					12/19/2025			ļ
09/02/2025				_	10/29/2025 10/30/2025								
09/04/2025				_	10/31/2025								
09/05/2025					11/03/2025								
09/08/2025					11/04/2025								
09/09/2025					11/05/2025								
09/10/2025					11/06/2025								
09/11/2025					11/07/2025								<b> </b>
09/12/2025 09/15/2025				-	11/10/2025 11/11/2025								<u> </u>
09/15/2025			+	-	11/11/2025								
09/17/2025				-	11/13/2025								
09/18/2025				$\neg$	11/14/2025								
09/19/2025					11/17/2025								
09/22/2025					11/18/2025								
09/23/2025					11/19/2025								
09/24/2025					11/20/2025								<b> </b>
09/25/2025				_	11/21/2025								
09/26/2025 10/07/2025				-	11/24/2025 11/25/2025								<u> </u>
10/08/2025				-	12/01/2025								
10/09/2025				$\neg$	12/02/2025		<u> </u>						
10/10/2025			1		12/03/2025								

+ 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),

DATE	NOTES / OBSERVATIONS	STAFF SIGNATURE

## MEDICATION ADMINISTRATION RECORDS – DAILY LOG - NOTES

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 are $\Box$ an $\Box$ 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://							

## PRN (AS NEEDED) MEDICATION ADMINISTRATION RECORD

School:	Grade:	Teacher:	
Name of Student:		Signature/Initials of Staff Ad	ministering Med
Allergies:			/
Medication:			/
Dosage:			/
Route:	Time:		/
Starting Date://	Ending Date///		
	If less than five (5) pills are left in bo please send note home with student and		

Date	Time	Dosage	Initials	Comments (i.e. Student Response, Parent/Guardian Contacted, etc.)
			1	

\* 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:///						