

MEDICATION ADMINISTRATION RECORDS –FALL Semester Daily Log

Starting Date: __/__/__ Ending Date __/__/__

Signature/Initials of Staff Administering Med

_____ / _____

_____ / _____

_____ / _____

_____ / _____

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
08/13/2025			
08/14/2025			
08/15/2025			
08/18/2025			
08/19/2025			
08/20/2025			
08/21/2025			
08/25/2025			
08/26/2025			
08/27/2025			
08/28/2025			
08/29/2025			
09/02/2025			
09/03/2025			
09/04/2025			
09/05/2025			
09/08/2025			
09/09/2025			
09/10/2025			
09/11/2025			
09/12/2025			
09/15/2025			
09/16/2025			
09/17/2025			
09/18/2025			
09/19/2025			
09/22/2025			
09/23/2025			
09/24/2025			
09/25/2025			
09/26/2025			
10/07/2025			
10/08/2025			
10/09/2025			
10/10/2025			

Date	Time	Initials	Code /Count
10/13/2025			
10/14/2025			
10/15/2025			
10/16/2025			
10/17/2025			
10/20/2025			
10/21/2025			
10/22/2025			
10/23/2025			
10/24/2025			
10/27/2025			
10/28/2025			
10/29/2025			
10/30/2025			
10/31/2025			
11/03/2025			
11/04/2025			
11/05/2025			
11/06/2025			
11/07/2025			
11/10/2025			
11/11/2025			
11/12/2025			
11/13/2025			
11/14/2025			
11/17/2025			
11/18/2025			
11/19/2025			
11/20/2025			
11/21/2025			
11/24/2025			
11/25/2025			
12/01/2025			
12/02/2025			
12/03/2025			

[illegible]

* Requires further documentation on back of form. If student has three (3) late or out of med occurrences within 1 month (30 days),

MEDICATION ADMINISTRATION RECORDS – DAILY LOG - NOTES

[illegible]

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: / /

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.*

[illegible]

*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: ____/____/____