

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

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
01/06/2026					02/25/2026					04/23/2026			
01/07/2026					02/26/2026					04/24/2026			
01/08/2026					02/27/2026					04/27/2026			
01/09/2026					03/02/2026					04/28/2026			
01/12/2026					03/03/2026					04/29/2026			
01/13/2026					03/04/2026					04/30/2026			
01/14/2026					03/05/2026					05/01/2026			
01/15/2026					03/06/2026					05/04/2026			
01/16/2026					03/09/2026					05/05/2026			
01/20/2026					03/10/2026					05/06/2026			
01/21/2026					03/11/2026					05/07/2026			
01/22/2026					03/12/2026					05/08/2026			
01/23/2026					03/13/2026					05/11/2026			
01/26/2026					03/16/2026					05/12/2026			
01/27/2026					03/17/2026					05/13/2026			
01/28/2026					03/18/2026					05/14/2026			
01/29/2026					03/19/2026					05/15/2026			
01/30/2026					03/23/2026					05/18/2026			
02/02/2026					03/24/2026					05/20/2026			
02/03/2026					03/25/2026					05/21/2026			
02/04/2026					03/26/2026					05/22/2026			
02/05/2026					03/27/2026					05/26/2026			
02/06/2026					03/30/2026					05/27/2026			
02/09/2026					03/31/2026					05/28/2026			
02/10/2026					04/01/2026								
02/11/2026					04/02/2026								
02/12/2026					04/03/2026								
02/13/2026					04/14/2026								
02/17/2026					04/15/2026					*03/20/2026			
02/18/2026					04/16/2026					*05/29/2026			
02/19/2026					04/17/2026					*06/01/2026			
02/20/2026					04/20/2026					*06/02/2026			
02/23/2026					04/21/2026					*06/03/2026			
02/24/2026					04/22/2026					*06/04/2026			

+ 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 1month (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: ____/____/____