Medication Administration Log

Student's name: _____

Medication: _____ Dosage: _____ Route: _____

Special Instructions: _____

Name of health care provider prescribing medication: _____

Parent Name: _____ Parent cell: _____

THIS portion to be filled out by person administering medication:

_____ Discussed with parent Parent initials: _____ Staff Initials: _____

	Friday	Saturday	Sunday
A.M.			
P.M.			

Indicate time when medication was given and initial. If the student was not present for administration then mark box with "NG". Document reason medication was not given in comments.

Medication: _____ Dosage: _____ Route: _____

Special Instructions: _____

Name of health care provider prescribing medication: _____

Parent Name: _____ Parent cell: _____

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