

DAILY MEDICATION ADMINISTRATION AND TREATMENT RECORD

School Year _____

Month: _____ SCHOOL: _____

STUDENT NAME:

Date of Birth:

STUDENT ID #:

****Each medication must be listed separately.**

****Fill in date and time on each box along with initials of staff that administered medication.****

Medication/Dose/Time								

Medication/Dose/Time								

Medication/Dose/Time								

Medication/Dose/Time								

CODES:	
Medication Given:	Initial
Student Absent:	A
Field Trip:	FT
Medication Out:	MO

**** Those authorized to administer medications:**

1) Signature: _____
 Initials: _____

2) Signature: _____
 Initials: _____

3) Signature: _____
 Initials: _____

4) Signature: _____
 Initials: _____

5) Signature: _____
 Initials: _____

****ADDITIONAL SIGNATURES LISTED ON THE BACKSIDE**

- Document all medication received / disposed of on backside of this form.

MEDICATION LOG

MEDICATION RECEIVED:

DATE:	NAME OF MEDICATION / Exp. date	# Received	Verifying Signature #1	Verifying Signature #2

MEDICATION RETURNED / DISPOSED OF:

DATE:	NAME OF MEDICATION / Exp. date	# Received	Verifying Signature #1	Verifying Signature #2

** SIGNATURE OF THOSE AUTHORIZED TO ADMINISTER MEDICATION

SIGNATURE	INITIALS	SIGNATURE	INITIALS