

Medication Log

Student Name _____

Date _____

Medication _____

Dosage _____

Time _____

Frequency _____

ID No. _____ Physician _____

Teacher _____

Room-Team-Grade _____

Permit _____

Special Instructions _____

M.D. _____

Parent _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August																															
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															
June																															

(Time and "initials" must be recorded for each administration.)

INT. NAME INT. NAME

KEY

- H: No School Day
- /: Weekend
- A: Absent
- N: No
- R: Refused
- S.N.: See Note
- F: Field Trip

* Add Medication on hand to number brought in for total.

Medication Count

Date	Medication	Dos	No.	Total	Signature

Date	Medication	Dos	No.	Total	Signature

Comments _____
