STUDENTS

MEDICATION ADMINISTRATION RECORDS – Daily Log SUMMER SCHOOL School: Grade: T							L 2021 Teache	. .						
							leache	• _						
Name of Student:							Si	Signature/Initials of Staff Administering Med						
Allergies:											1			
Medication:														
Dosage:														
Route:				•	Time:						/.		-	
 Starting Date: / /					Ending Date / /				/					
N= NTI CODES R = Refused* L = Late*				If less than five (5) pills are left in bottle, please send note home with					If med is given 1/2 hour before or after scheduled time, please document reason why					
								h or a						
A = Absent M = Missed*				student and document				plea						
F = Field Tr	ip O=	Out of	f Meds	on	back of this for	n.		on b	on back of this form.					
Date	Time	Initials	Code/ Count		Date	Tim e	Initials	Code /Count		Date	Tim e	Initials	Code/ Count	
06/05/2024				_	07/29/2024									
06/06/2024					07/30/2024									
06/10/2024					07/31/2024									
06/11/2024					08/01/2024									
06/12/2024														
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+ 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 1 month (30 days),

DATE **NOTES / OBSERVATIONS STAFF SIGNATURE**

DISPOSAL OF MEDICATIONS Medications will be disposed of at the end of the prescription or at the end of year if Parent/Guardian does The disposal will be witnessed by another school employee and then verified by	
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: / /

MEDICATION ADMINISTRATION RECORDS – DAILY LOG - NOTES

PRN (AS NEEDED) MEDICATION ADMINISTRATION RECORD

School:			Gra	de:	Teacher	:
Name of Studen	t:					Signature/Initials of Staff Administering Med
Allergies:					_	//
Medication:			1		-	/
Dosage:					_	/
Route:		Time	e:		-	//
Starting Date:	//	Ending	Date / _	/		
						r is almost empty, he bottom of this form.
Date	Time	Dosage	Initials	Со	mments (i.e. Stud	dent Response, Parent/Guardian Contacted, etc.)
		1				

* For Disposal of Medications, please see back of this form.

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/Gua	ardian 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: / /						