

STUDENTS

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.
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Date	Time	Initials	Code/ Count	Date	Time	Initials	Code /Count	Date	Time	Initials	Code/ Count
01/07/2025				02/26/2025				04/23/2025			
01/08/2025				02/27/2025				04/24/2025			
01/09/2025				02/28/2025				04/25/2025			
01/10/2025				03/03/2025				04/28/2025			
01/13/2025				03/04/2025				04/29/2025			
01/14/2025				03/05/2025				04/30/2025			
01/15/2025				03/06/2025				05/01/2025			
01/16/2025				03/07/2025				05/02/2025			
01/17/2025				03/10/2025				05/05/2025			
01/21/2025				03/11/2025				05/06/2025			
01/22/2025				03/12/2025				05/07/2025			
01/23/2025				03/13/2025				05/08/2025			
01/24/2025				03/17/2025				05/09/2025			
01/27/2025				03/18/2025				05/12/2025			
01/28/2025				03/19/2025				05/13/2025			
01/29/2025				03/20/2025				05/14/2025			
01/30/2025				03/21/2025				05/15/2025			
01/31/2025				03/24/2021				05/16/2025			
02/03/2025				03/25/2025				05/19/2025			
02/04/2025				03/26/2025				05/21/2025			
02/05/2025				03/27/2025				05/22/2025			
02/06/2025				03/28/2025				05/23/2025			
02/07/2025				03/31/2025				05/27/2025			
02/10/2025				04/01/2025				05/28/2025			
02/11/2025				04/02/2025							
02/12/2025				04/03/2025							
02/13/2025				04/04/2025							
02/14/2025				04/14/2025							
02/18/2025				04/15/2025							
02/19/2025				04/16/2025				*03/14/2025			
02/20/2025				04/17/2025				*05/29/2025			
02/21/2025				04/18/2025				*05/30/2025			
02/24/2025				04/21/2025				*06/02/2025			
02/25/2025				04/22/2025				*06/03/2025			
								*06/04/2025			

+ 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)

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.

Date	Time	Dosage	Initials	Comments (i.e. Student Response, Parent/Guardian Contacted, etc.)

* 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/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: ____/____/____