

Medication Administration Log

Grade: _____ Year: _____

Student: _____ / Initials: _____ Medication: _____ Dosage: _____ Time(s) to be given: _____

Directions: For each day a medication is administered enter your initials in the date box corresponding with the correct month.
 Use the key to document reasons the medication was not given.
 If more than two doses are given on the same day, draw a diagonal line through the square and initial each area as given.
 Draw a line or x through the unused dates.
 Maintain this form for three years after the student will turn 21.

Key: A: absent, X: school not in session, D/C: discontinued, N/A: Not available, R: refused, M: missed

Month	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		
Aug																																	
Sept																																	
Oct																																	
Nov																																	
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Jan																																	
Feb																																	
March																																	
April																																	
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Persons Administering Medications

Printed Name	Signature	Initials	Title	Date