

SCHOOL MEDICATION ADMINISTRATION LOG

Number of Pills: _____ **Date Received:** _____ **Received by: Initials** _____ / **Initials** _____

Student Name: _____ **Date of Birth:** _____ **Medication:** _____

Medication mg or mcg per tablet: _____ **Route:** _____ **Dose Ordered:** _____

Instructions: _____

Complete the following when medication is discontinued:

Date _____ **Medication was:** Sent Home with Student Disposed/Destroyed Given to parent **Initials** _____ / **Initials** _____

Date	Time Given	Dosage mg/mcg	Pills Remaining	Initials	Remarks	Date	Time Given	Dosage mg/mcg	Pills Remaining	Initials	Remarks

Name	Signature	Initials	Name	Signature	Initials
1. _____	_____	_____	3. _____	_____	_____
2. _____	_____	_____	4. _____	_____	_____

School Nurse Signature: _____

Only school employees are permitted to release medication. The employee releasing the medication must note the full date, time given, and the dosage in milligrams or micrograms. Initial the appropriate block for each administration of medication.

