

STUDENTS

DRAFT 7/26/2021

09.2241 AP.22

Student Medication Logs

DAILY SUMMARY OF MEDICATION ACTIVITIES

DATE: _____

STUDENT'S NAME	GRADE	PERSON WHO ADMINISTERED MEDICATION	NAME OF MEDICATION			TIME

STUDENTS

STUDENT
PICTURE
HERE

09.2241 AP.22
(CONTINUED)

Student Medication Logs

STUDENT MEDICATION ADMINISTRATION RECORD

SCHOOL YEAR: _____

NAME OF STUDENT: _____ DATE OF BIRTH: _____ GENDER: _____ GRADE: _____

ALLERGIES: _____ NAME AND DOSE OF MEDICATION: _____

ROUTE: _____ TIME(S) GIVEN AT SCHOOL: _____ POSSIBLE SIDE EFFECTS: _____

Classroom teacher when medication is due: _____ Health Care Provider Name/Phone #: _____

Emergency Contact Names/Phone #s: _____

DIRECTIONS: Initial administration or use codes below. A complete signature and initials of each person administering medication should be included below.

	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																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
June																															
July																															

Authorized person(s) administering or counting
medication: Signature/Initials

_____/_____
_____/_____
_____/_____
_____/_____

Documentation Codes:

(A) Absent (R) Refused* (W) Dosage withheld* (E) Early dismissal
(F) Field trip (X) No school (N) No medication available* (S) Self-administered
*Documentation required in student's health file and parent/guardian to be contacted. Please notify teachers if medication is withheld for any reason. Documentation of medication count is on the back of this form.

STUDENTS

STUDENT
PICTURE
HERE

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(CONTINUED)

Student Medication Logs

STUDENT MEDICATION ADMINISTRATION RECORD

NAME OF STUDENT: _____

MEDICATION COUNT			NOTES ON ADMINISTRATING MEDICATIONS		
DATE	AMOUNT PRESENT	INITIALS	DATE	EVENT DESCRIPTION	INITIALS

[A substantially equivalent electronic form may be used by the District in lieu of this paper form.](#)

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