

CHIPPEWA VALLEY SCHOOLS

Medication Administration Daily Log (To be completed for each medication)

School Year _____

Name of Student: _____ Date of Birth: _____ Sex: _____ Grade/Home Rm. Or Teacher: _____

Name of School: _____ Given in School: ___ Yes ___ No

Name and Dosage of Medication: _____ Expiration Date: _____

Directions: Initial with the time of administration; a complete signature and initials of each person administrating medications 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
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															
June																															

<u>Initials</u>	<u>Signature</u>	<u>Initials</u>	<u>Signature</u>	<u>Codes</u>
1. _____	_____	5. _____	_____	(A) Absent
2. _____	_____	6. _____	_____	(E) Early Dismissal
3. _____	_____	7. _____	_____	(F) Field Trip
4. _____	_____	8. _____	_____	(N) No Medication Available
				(O) No Show
				(W) Dosage Withheld
				(X) No School (holidays, snow days)

Use reverse side for reporting significant information (e.g. Observation of medication’s effectiveness, adverse reactions, reason for omission, plan to prevent future “no shows”).