

## Medication Administration Log/Record

School Term \_\_\_\_\_

Grade \_\_\_\_\_

STUDENT \_\_\_\_\_ DOB \_\_\_\_\_ SCHOOL \_\_\_\_\_ TEACHER \_\_\_\_\_

MEDICATION \_\_\_\_\_ DOSAGE \_\_\_\_\_ ROUTE \_\_\_\_\_ TIME \_\_\_\_\_

DESIRED EFFECTS \_\_\_\_\_

ADVERSE EFFECTS TO WATCH FOR \_\_\_\_\_

CODES:	A Absent	N: None Available	D/C Discontinued	D: Early Dismissal
	W: Withheld	O: No Show	R: Refused	
	√ Medication was given according to dosage, route, and time as indicated above			

	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	
<b>AUG</b>																										
Code																										
Initials																										
<b>SEPT</b>																										
Code																										
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<b>OCT</b>																										
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