

## MEDICATION ADMINISTRATION DAILY LOG

School Year: _____	Name of Student: _____
Date of Birth: _____	Sex: _____ Grade/Homeroom: _____
Name of School: _____	
Name and Dosage of Medication: _____	
Route: _____	Frequency: _____ Times in School: _____
Health Care Provider Name/Number: _____	
Emergency Contact Name/Number: _____	

Date	Explanation with Signature	Date	Explanation with Signature

*\*If there are side effects noted or the child will not take medication, this will be documented on this form and Parent/Guardian will be called immediately. If emergency, 911 will be called first.*

*\*Parent/Guardian must review Medication Log three (3) times a year and must sign and date each time.*