Medication Administration/Procedure Log School: School Year:	**Student:**	
Medication (name, dosage, route, time) or Procedure (type, time):		

Month/Day	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
August																															
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															
June																															

Date received	Number/ items recv'd	Staff Signature	Parent Signature

Date returned	Number/ items return	Staff Signature	Parent Signature

Staff members to give medication/procedure	
Signature	Initial

Codes:
Initial when given
A-Absent
X-No school
R-Refused
NM-No med at school
EO-Early out
Other:

Date med policy given: □verbal □written	Date reminder given: □verbal □written
Medication disposition: □home with parent □secured dumpster/trash □per disposal of controlled medication procedure* # discarded *Signature: *Signature:	

Notes: