

MEDICATION/PROCEDURE LOG	Student:	School/teacher/grade:
School Year:		
Medication (name, dose, route, time) or Procedure (type, time):		

	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																															

Key: Initial when given. A: Absent N: No medication at school F: Given on field trip E: Missed dose due to staff error P: Held at parent request H: Given at home R: Student refused to take Other:

Medication Received from Parent/Guardian			
Date	Number	Staff Member Signature	Parent/Guardian Signature

Staff to Give Medication/Procedure		
Signature	Printed Name	Initials

Notes:

Medication Returned to Parent/Guardian			
Date	Number	Staff Member Signature	Parent/Guardian Signature

Field Trips: Medication Check-Out			
Date	# Doses	Staff to Administer	Office Staff Releasing Medication