Jefferson School Medication Administration Daily Log (to be completed for <u>each</u> medication)

School Year _____

Name of Student_____ Date of Birth _____ Sex ___ Grade/ Teacher) _____

Parent signature granting permission for administration of medication/sharing of information with appropriate staff members:

_____ ***Date***_____

Name and Dosage of Medication_____ Route _____ Time(s) Given in School _____.

Start date_____ End date_____ **(Medication must be in the original container as dispensed by the pharmacy or physician)**

Reason for medication_____

Physician signature_____ ***Date***_____

	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
Sept																														
Oct																														
Nov																														
Dec																														
Jan																														
Feb																														
Mar																														
Apr																														
May																														
June																														

INITIAL SIGNATURE CODES*
(of person administering medication)

1. _____ _____ _____ (A) Absent (O) No Show *See reverse side for

2. _____ _____ _____ (E) Early Dismissal (W) Dosage Withheld **reporting significant**

3. _____ _____ _____ (F) Field Trip (X) No School (e.g.., holiday, weekend, snow day, etc.) **information.**

4. _____ _____ _____ (N) No Medication Available

DATE	EXPLANATION (with signature)	DATE	EXPLANATION (with signature)