



Medication Administration Log - Overnight Trip

Daily Medication: ____ Emergency Medication: ____

Student Name: _____ DOB: _____

Medication: _____ Dose: _____

Time: _____ AM or PM Controlled Medication: ___ YES ___ NO

Medication can only be given 30 minutes prior to and 30 minutes after scheduled time

Medication administration must be witnessed by 2 adults

Pills rec'd from home or returned home	Date	Time	Dosage	Meds given or received	Meds left	Initials	Witness Initials

Staff Name	Signature	Initials	Date