

## **Medication Administration Daily Log**

Da	ily Medication:	Emergency Med	ication:
Student Name:	·		DOB:
Medication:			Time:
	Dose:	Route:	

If EMERGENCY medication, expiration date of the current medication in office:

\*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	Med given or received	Meds left	Initials	Witness Initials



Student Name:		DOB:		
Medication:	[	Dose:	Time:	

Pills rec'd from home or returned home	Date	Time	Dose	Meds given or Received	Meds Left	Initials	Witness Initials

Staff/Student Name	Signature	Initials	Date