Superintendent File: JLCD-E-2

SCHOOL MEDICATION ADMINISTRATION LOG

Number of Pills: _____ Date Received: _____ Received by: Initials _____ / Initials _____

Student Name: _____ Date of Birth: _____ Medication: _____

Medication mg or mcg per tablet: _____ Route: _____ Dose Ordered: _____

Instructions: _____

Complete the following when medication is discontinued:

Date _____ Medication was ☐ Sent Home with Student ☐ Disposed Initials _____ / Initials _____

Date	Time Given	Dosage mg/mcg	Initials	Remarks	Date	Time Given	Dosage mg/mcg	Initials	Remarks

	Name	Signature	Initials
#1			
#2			
#3			
#4			

Nurse: _____ Signature: _____

Only school employees are permitted to release medication. The employee releasing the medication must note the full date, time given, and the dosage in milligrams or micrograms. Initial the appropriate block for each administration of medication.

Revised: May 4, 2015