

STUDENT MEDICATION LOG

Allergies _____

Student's Name: _____ DOB: _____ School: _____ Hm Rm Teacher _____

Doctor: _____ Phone # _____ Fax #: _____ Diagnosis : _____

Special Instructions: _____ Side Effects: _____ Month/Year: _____

MEDICATION

NAME
DOSAGE
TIME TO BE GIVEN
ROUTE

- * Record the amount of Medication received (i.e. # of pills, amount of liquid) with each initial receipt in the "Notes" Section on the Reverse
- * Record Time Medication was given (or Reason not given) and Initials in the appropriate boxes
- * If medication is not given, please use one of the following abbreviations to indicate the reason why:

**A-absent O-out of medication F-field trip D-discontinued R-refused DW-dose wasted ER-early release day
V-vacation/school closed S-Other and Provide explanation in the "Notes" Section on the Reverse side**

Date →																						
AM																						
Initials																						
PM																						
Initials																						
AM																						
Initials																						
PM																						
Initials																						
AM																						
Initials																						
PM																						
Initials																						

Signature/Initials/Date for each week.

Signature/Initials: _____

Signature/Initials: _____

Signature/Initials: _____

Signature/Initials: _____

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