

PCSD Daily Medication Administration Log

Student _____ **DOB** _____ **School** _____ **Grade** _____ **Year** _____ **Teacher** _____

Parent Name _____ **Phone** _____ **Cell Phone** _____

Medication Used for: _____ **Date Started** _____ **Date Discontinued** _____

Medication _____ **Dose** _____ **Route** _____ **Time** _____

Month	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
August																															
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															
June																															

Codes: Med Given=**I**nitials No School (**X**) Absent (**A**) Refused (**R**) No Med Available (**NM**) Parent called/Notified (**PC**)

Name of those Authorized and Trained by SN to Administer Medication	Staff Initials	Signature of School Nurse verifying that person has been trained to Administer Medication	Date

(Continued on back)

Medication Received/Amount brought in/Expiration Date

Date	Name of Medication	Amount Received	Expiration Date	Staff Signature	Parent Signature

Medication Discarded

Medication Name	Date Discarded	Method Discarded	Two Signatures	

No Flushing Medication Down Sewer – Dispose in Medication Disposal Bin at Local Police Station

Daily Medication Administration Notes

Date	Notes	Parent Contacted (Phone/Email)