San Rafael, CA 9
phone (415) 472- x (415) 491-66
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** One Log Per Student / One Log Per Medication

MEDICATION ADMINISTRATION LOG

*Please place in Health insert when completed.

Month	Medication / Dosage	Time Sche-dule	Week One					Week Two					Week Three					Week Four					Week Five				
			M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F
August																											
September																											
October																											
November																											
December																											
January																											
February																											
March																											
April																											
May																											
June																											
July																											

Comments:

Student: _____ D.O.B. _____ Diagnosis: _____

Address: _____ Medication: _____ Exp Date: _____

Parent/ Guardian: _____ Dosage: _____ Time: _____

Phone: (h) _____ (w) _____ [ ] Oral [ ] Topical [ ] Inhale [ ] Other _____

School: _____ Gr: _____ Rm: _____ Side Effects: _____

Teacher: _____ Physician: _____ Phone: _____

CODES	INIT	Signature
A Absent		
H Holiday		
N No Med		
R Refused		

* Please note time / initial in date blocks. Note date, # of tables, notes, etc. in Comments with your initial. Over for more info. Notify nurse of concerns and/or changes.