Medication Administration Log

CONFIDENTIAL

Name of Student _____   Grade / Class _____

Teacher _____   Administrator
of Medication _____

Date	Time	Name of Medication	Dosage	Initials of Administrator of Medication	Comments

Administrative Procedures: PUPILS WITH SPECIAL MEDICAL CARE NEEDS and/or EMERGENCY MEDICAL CARE NEEDS ADMINISTRATIVE   1
PROCEDURES S-2010-05-4
PUPILS WITH SPECIAL MEDICAL CARE NEEDS and/or EMERGENCY MEDICAL CARE NEEDS POLICY STATEMENT S-2010-05-4
FORM C