

2018-2019 MEDICATION LOG

(Office use only)

MA Eligible?

Yes No

Student Name _____

Time _____ Expiration _____

Medication Name _____ Strength _____

Dose _____ Route _____

A=Absent I=Inservice X=No School NA=None Available R=Refused Initial=Meds given w/o difficulty

	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
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Date/Count											
Initials											

Staff Initials

Staff Initials

Staff Initials

Staff Initials