

PLYMOUTH COMMUNITY SCHOOL CORPORATION

MEDICATION ADMINISTRATION DAILY LOG

(To be completed for each medication)

School Year: _____

Name of Student _____ Grade or Homeroom _____

Name and Dosage of Medication _____ Time(s) _____ School _____

Directions: Initial with time of administration; a complete signature and initials of each person administering medication should be included below

	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																															

INITIAL (of person administering medication)

SIGNATURE

INITIAL

SIGNATURE

CODES

1. _____

3. _____

(A) Absent

(O) No Show

2. _____

4. _____

(E) Early Dismissal

(W) Dosage Withheld

(F) Field Trip

(X) No School (i.e. Holiday, weekend, snow days, etc.)

(N) No Medication Available

Use reverse side for reporting significant information (e.g. Observation of medication’s effectiveness, adverse reactions, reason for omission, plan to prevent future “no shows”.)