Medication Log

Student: _____ DOB: _____ Teacher/Grade: _____

Medication: _____ Dose: _____ Route: _____

Frequency/Times: _____ Date Prescribed: _____

Comments/Special Instructions: _____

SY ____	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
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Initials	Name

Codes (Chart Reason)

ED-Early Dismissal

LA-Late Arrival

Ab-Absent

NMS-No meds at school

D/C– Medication Discontinued

O-Omitted *Must complete med variance form*

R--Refused *Must complete med variance form*

X-No School

Refill Request Notification

Initials	Date Sent