SCHOOL DISTRICT OF PRENTICE
Student Medication Administration Log and Procedures

Student Name	Student Number	Grade

Number of Days Medication is to be Given	Starting Date

Medication	Dosage One/ Two/ Three/	Time to be given One/ Two/ Three/

Parent Contact	Parent Phone Number (daytime)

DATE	*TIME	Initials	DATE	*TIME	Initials	DATE	*TIME	Initials	DATE	*TIME	Initials

*Codes -- Use if time is not filled in
A: Absent
D: Early Dismissal
E: Medication Bottle Empty
F: Field Trip
H: Holiday
N: No School
O: No Show (not absent)
W: Dose WIthheld
X: Discontinued

Initial:_____ Name:_____

Initial:_____ Name:_____

Initial:_____ Name:_____

Initial:_____ Name:_____