

Individual Medication Log

Student _____ Medication _____
 Student number _____ DOB _____ Dosage/Route _____
 Teacher _____ Room _____ Time _____
 Nurse's Signature: _____

Month	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W
July	3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28	31		
Time		H																					
Initials																							
Aug		1	2	3	4	7	8	9	10	11	14	15	16	17	18	21	22	23	24	25	28	29	30
Time																							
Initials																							
Sep					1	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27
Time						H																	
Initials																							
Oct	2	3	4	5	6	9	10	11	12	13	16	17	18	19	20	23	24	25	26	27	30	31	
Time						H																	
Initials																							
Nov			1	2	3	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	27	28	29
Time																			H	H			
Initials																							
Dec					1	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27
Time																H	H	H	H	H	H	H	H
Initials																							
Jan	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30	31
Time	H	H									H												
Initials																							
Feb				1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28
Time																							
Initials																							
Mar				1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28
Time																					H	H	H
Initials																							
Apr	2	3	4	5	6	9	10	11	12	13	16	17	18	19	20	23	24	25	26	27	30		
Time																							
Initials																							
May		1	2	3	4	7	8	9	10	11	14	15	16	17	18	21	22	23	24	25	28	29	30
Time																					H		
Initials																							
June					1	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27
Time																							
Initials																							

Staff Signature: _____ Initials: _____ Staff Signature: _____ Initials: _____
 Staff Signature: _____ Initials: _____ Staff Signature: _____ Initials: _____
 Staff Signature: _____ Initials: _____ Staff Signature: _____ Initials: _____

Instructions:

1. Enter time medication given & initials of staff supervising in each square.

2. Verify that initials of staff supervising are identified at above.

Medication Inventory/Count

Medications will be counted when received and the count recorded.

The count will be witnessed by two adult persons (see APS medication policy & pro

Date		Medication	Amount	Signature
Th	F			
31				
28	29			
30				
28	29			
H	H			
29	30			
H	H			
31				
28	29			

Medications dropped or destroyed. This includes end of year disposal of medication not picked up

Date	Medication destroyed	New Amount	Signature

Individual Medication Log

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