KCSD Medication Administration Log

Student:	DOB:	School:	Year:

Medication:	Dose:	Route/Instructions:	Time:

Month	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
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															
June																															

Staff signature:	Initials:

Key:
A: Absent
NS: No School
R: Refused
O: No Medication Available
ER: Error

Medication Count:

Medication Name:	Arrival Date:	Initial Count:	Initials:

District Nurse Review:_____ Date: _____

5/18 NMC