

Cabell County Public Schools

Medication Administration/Medication Log

Student _____ D.O.B _____

School _____

Grade _____ Teacher _____ School Year _____

Parent Signature _____

Parent Ph. (Hm) _____ (Wk) _____ (Cell) _____

Physician _____ Date _____

Physician Signature _____

Phone _____ (Fax) _____

Medication _____

Dosage _____

Time/Method of Administration _____

Allergies _____

Diagnosis _____

Intended Effect of Medication _____

Side Effects _____

Other Medications Taken _____

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
August																															
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															
June																															
July																															

Initial

Name

Chart Reason (If medication is not given):

--: Weekend

F: Field Trip

S: Weather

H: Holiday

D: Early Dismissal

A: Absent

W: Withheld

N: No meds

O: No show

C: Comment (see reverse side)

