

## FORM – 3.5.2 STUDENT MEDICATION ADMINISTRATION LOG

## STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Emergency Contact Name & Phone #: \_\_\_\_\_

## MEDICATION INFORMATION

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Route of Administration (e.g., oral, inhaled, injected): \_\_\_\_\_

Time(s) to be Administered at School: \_\_\_\_\_

Start Date (DD/MM/YYYY):    /    /         End Date (DD/MM/YYYY):    /    /

Reason for Medication: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

## MEDICATION ADMINISTRATION RECORD

**NOTES & INCIDENT REPORTING**

- Any missed doses, adverse reactions, or concerns must be documented in the notes section and reported to the parent/guardian and school administrator immediately.
- If emergency medical attention is required, follow the school's emergency procedures and notify parents/guardians promptly.
- Ensure all records are maintained in accordance with school policies and privacy regulations.

**SIGNATURES**

**School Personnel Responsible for Medication Administration:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian Signature:**

Signature: \_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_