

**ROCHESTER COMMUNITY SCHOOLS**  
**Medication Administration Daily Log**

*Updated 4-14 : Replaces Regulation 5330, Original Form B*

(To be completed for each medication administered)

Name of School \_\_\_\_\_ School Year \_\_\_\_\_

Name of Student: \_\_\_\_\_ Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Time Given in School: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Gender \_\_\_\_\_

Route(s): \_\_\_\_\_

Directions: Initial with time of administration; a complete signature and initials of each individual administering medication and witness shall be included below.

	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	
Sept																																
Int.																																
Int.																																
Time																																
Oct																																
Int.																																
Int.																																
Time																																
Nov																																
Int.																																
Int.																																
Time																																
Dec																																
Int.																																
Int.																																
Time																																
Jan																																
Int.																																
Int.																																
Time																																
Feb																																
Int.																																
Int.																																
Time																																

Codes (A) Absent, (O) No Show, (E) Early Dismissal, (W) Dosage Withheld, (F) Field Trip, (N) No Medication Available, (X) No School (i.e Holiday, weekend, snow day, etc.)

