

# CCSD MEDICATION ADMINISTRATION LOG

(One Log per Medication)

STUDENT	PARENT				SCHOOL YEAR	SCHOOL					
MEDICATION (include mg, etc.)	NUMBER OF PILLS TO BE ADMINISTERED		ROUTE (oral, injection)		TIME(s) GIVEN		COMMENTS				
Date of Medication Intake											Audit Date
Time of Medication Intake											# Taken In
COUNT- Enter # pills on hand in front of +. Add # new pills after +. Example: (3+20=23)	+	+	+	+	+	+	+	+	+	+	# Given
	=	=	=	=	=	=	=	=	=	=	
INITIALS Employee 1 (Staff must sign back page)											# Pills
INITIALS Employee 2 (Staff must sign back page)											Difference
INITIALS Parent/Guardian (Parent must sign/initial below)											RN Initials

Date of Medication Intake											Audit Date
Time of Medication Intake											# Taken In
COUNT- Enter # pills on hand in front of +. Add # new pills after +. Example: (3+20=23)	+	+	+	+	+	+	+	+	+	+	# Given
	=	=	=	=	=	=	=	=	=	=	
INITIALS Employee 1 (Staff must sign back page)											# Pills
INITIALS Employee 2 (Staff must sign back page)											Difference
INITIALS Parent/Guardian (Parent must initial/sign below)											RN Initials

**Parent Signature for Medication Drop Off/Pick Up (REQUIRED):** \_\_\_\_\_  
**Parent Initials:** \_\_\_\_\_ **Parent Signature Required Only Once Per Year**      **Date:** \_\_\_\_\_

## MEDICATION ADMINISTRATION LOG

August					September					October					November				
	1	2	3	4					1	2	3	4	5	6			1	2	3
7	8	9	10	11	4	5	6	7	8	9	10	11	12	13	6	7	8	9	10
14	15	16	17	18	11	12	13	14	15	16	17	18	19	20	13	14	15	16	17
21	22	23	24	25	18	19	20	21	22	23	24	25	26	27	20	21	22	23	24
28	29	30	31		25	26	27	28	29	30	31				27	28	29	30	

**NOTES:**  
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CCSD Revised 8/2/23

CCSD Revised 8/5/2020 UDOH State of Utah form is not required if Local Education Agency (LEA) has developed their own medication authorization form/log with the same information included. All information included on CCSD form that is required on the 2019 State of Utah Approved Form.

**NOTES:**

December					January					February					March				
				1	1	2	3	4	5				1	2					1
4	5	6	7	8	8	9	10	11	12	5	6	7	8	9	4	5	6	7	8
11	12	13	14	15	15	16	17	18	19	12	13	14	15	16	11	12	13	14	15
18	19	20	21	22	22	23	24	25	26	19	20	21	22	23	18	19	20	21	22
25	26	27	28	29	29	30	31			26	27	28	29		25	26	27	28	29

April					May					June					July				
1	2	3	4	5			1	2	3						1	2	3	4	5
8	9	10	11	12	6	7	8	9	10	3	4	5	6	7	8	9	10	11	12
15	16	17	18	19	13	14	15	16	17	10	11	12	13	14	15	16	17	18	19
22	23	24	25	26	20	21	22	23	24	17	18	19	20	21	22	23	24	25	26
29	30				27	28	29	30	31	24	25	26	27	28	29	30	31		

**CODES: Designated staff initials=Given, X=No School, A=Absent, U=No Med Available, R=Refused, PC=Parent Called/Notified, NS=No Show**

**STAFF TO ADMINISTER**

Staff Name	Signature	Initials	Date Trained

**Official Use Only: School Nurse to Complete**

**Date Form Completed:**

School Nurse Name	Signature	Initials

***RN Med Intake Verification Initials & Date***
