

Medication Administration Daily Log

	Daily Medication:	Emergency Medication:		
Student Na	me:	DOB:		
Medication	·	Dose:		
Time:	AM or PM	Controlled Medication:	YES	NO
If EMERGE	NCY medication, expiration d	ate of the current medication	in office: _	

Medication can only be given 30 minutes prior to and 30 minutes after scheduled time *Medication administration must be witnessed by 2 adults*

Pills rec'd from home or returned home	Date	Time	Dosage	Meds given or received	Meds left	Initials	Witness Initials



Holly Area Schools

Student Name:	DOB:		
Medication:	Dose:	Time:	

Pills rec'd from home or returned home	Date	Time	Dose	Meds given or Received	Meds Left	Initials	Witness Initials

Staff/Student Name	Signature	Initials	Date