ST. JOSEPH ACADEMY 2011-2012
MEDICATION ADMINISTRATION LOG

MEDICATION: **DOSAGE (mg, tablets, etc** **TIME TO ADMINISTER:**

NAME OF STUDENT: _____ GRADE: _____ D.O.B: _____ SEX: M F

TEACHER: _____

☐ Medication Authorization Form on File

START QUANTITY	DOSAGE	QUANTITY REMAINING	TIME	SIGNATURE OF PERSON ADMINISTERING MEDICATION	WITNESS SIGNATURE	INITIALS	WITNESS INITIALS