

CCSD MEDICATION ADMINISTRATION LOG

(One Log per Medication)

STUDENT	PARENT					YEAR 2022-2023		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	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	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50

NOTES:
CCSSD Revised 8/5/22

CCSSD 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 CCSSD form that is required on the 2019 State of Utah Approved Form.

NOTES:

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

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