

Los Lunas Schools - Medication Log - 2001/2002

Name: _____ Grade: _____ Teacher: _____

Medication: _____ Dose: _____ Time Scheduled: _____ Route: _____

Physician/PCP: _____ Phone #: _____ School RN: _____

Other Instructions: _____

Date	Time	Initials	Date	Time	Initials	Date	Time	Initials	Date	Time	Initials
8/13/01			10/23/01			1/14/02			4/03/02		
8/14/01			10/24/01			1/15/02			4/04/02		
8/15/01			10/25/01			1/17/02			4/05/02		
8/16/01			10/29/01			1/18/02			4/08/02		
8/17/01			10/30/01			1/22/02			4/09/02		
8/20/01			10/31/01			1/23/02			4/10/02		
8/21/01			11/01/01			1/24/02			4/11/02		
8/22/01			11/02/01			1/25/02			4/12/02		
8/23/01			11/05/01			1/28/02			4/15/02		
8/24/01			11/06/01			1/29/02			4/16/02		
8/27/01			11/07/01			1/30/02			4/17/02		
8/28/01			11/08/01			1/31/02			4/18/02		
8/29/01			11/09/01			2/01/02			4/19/02		
8/30/01			11/12/01			2/04/02			4/22/02		
8/31/01			11/13/01			2/05/02			4/23/02		
9/04/01			11/14/01			2/06/02			4/24/02		
9/05/01			11/15/01			2/07/02			4/25/02		
9/06/01			11/16/01			2/08/02			4/26/02		
9/07/01			11/19/01			2/11/02			4/29/02		
9/10/01			11/20/01			2/12/02			4/30/02		
9/11/01			11/26/01			2/13/02			5/01/02		
9/12/01			11/27/01			2/14/02			5/02/02		
9/13/01			11/28/01			2/15/02			5/03/02		
9/14/01			11/29/01			2/19/02			5/06/02		
9/24/01			11/30/01			2/20/02			5/07/02		
9/25/01			12/03/01			2/21/02			5/08/02		
9/26/01			12/04/01			2/22/02			5/09/02		
9/27/01			12/05/01			3/01/02			5/10/02		
9/28/01			12/06/01			3/04/02			5/13/02		
10/01/01			12/07/01			3/05/02			5/14/02		
10/02/01			12/10/01			3/06/02			5/15/02		
10/03/01			12/11/01			3/07/02			5/16/02		
10/04/01			12/12/01			3/08/02			5/17/02		
10/05/01			12/13/01			3/11/02			5/20/02		
10/09/01			12/14/01			3/12/02			5/21/02		
10/10/01			12/17/01			3/13/02					
10/11/01			12/18/01			3/14/02					
10/12/01			12/19/01			3/15/02					
10/15/01			12/20/01			3/18/02					
10/16/01			12/21/01			3/19/02					
10/17/01			1/08/02			3/20/02					
10/18/01			1/09/02			3/21/02					
10/19/01			1/10/02			3/22/02					
10/22/01			1/11/02			4/02/02					

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Medication: _____ Dose: _____ Time Scheduled: _____ Route: _____

Physician/PCP: _____ Phone #: _____ School RN: _____

Other Instructions: _____

Date	Time	Initials	Date	Time	Initials	Date	Time	Initials	Date	Time	Initials

Medication Count:

Controlled medications will be counted when received and recorded. The count will be witnessed by another school employee.

Date	Pills	Initials	Date	Pills	Initials	Date	Pills	Initials	Date	Pills	Initials

Name and title of person **administering** medications (RN only):

Name and title of person **supervising self-administration** medications:

_____ Initials: _____
 _____ Initials: _____
 _____ Initials: _____
 _____ Initials: _____

_____ Initials: _____
 _____ Initials: _____
 _____ Initials: _____
 _____ Initials: _____

End of Year Disposal of Medications:

Medications will be disposed of at the end of the year if parent/guardian does not pick up by the designated date. The disposal will be witnessed by another school employee and then verified by signing below.

Number of pills destroyed: _____

_____ RN Signature Date: _____
 _____ Staff Person Signature Date: _____