

MEDICATION ADMINISTRATION LOG

For students requiring medication to be administered at school

This log should be completed by the staff member administering medication to any student at the school.

Name of student:______Year level:_____

Date	Time	Name of Medication and Dose	Tick when checked ✓				Comments	Staff member	Staff member
			Correct Child	Correct Medication	Correct Dose	Correct Route		administering (print name and initial)	checking* (print name and initial)

*Cross-checking: It is recognised that in many school settings medication is administere correctly administered. This is an appropriate added safety measure and is seen as good	