

WEEKLY MEDICATION LOG

WEEK OF \_\_\_\_\_

**DIRECTIONS:**

Indicate in each row the following sequentially: the student's name, medication, medication schedule, and each day the initials of person administering medication, time(s) of administration, and initials of witness.

Name	Name of Medication	Dosage Schedule	MON	TUE	WED	THUR	FRI

Initial and signature of person administering medication.

	Initials	Person's Name
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

**CODES**

(A) Absent  
 (X) No School  
 (F) Field Trip  
 (O) No Show  
 (P) No Medication Available