

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 administering (print name and initial) | Staff member checking* (print name and initial) |
|------|------|-----------------------------|---------------------|--------------------|--------------|---------------|----------|---|---|
| | | | Correct Child | Correct Medication | Correct Dose | Correct Route | | | |
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***Cross-checking:** It is recognised that in many school settings medication is administered using a system of two staff members checking that medication is correctly administered. This is an appropriate added safety measure and is seen as good practice.