

**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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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:** \_\_\_\_\_