

MEDICATION ADMINISTRATION LOG – Medication Management Procedures

This log has been developed as a suggestion only, to assist the Principal/or nominee when administering the taking of medication. This log, or equivalent official medications register), should be completed by the person administering the taking of medication.

Name of student: _____ Year level: _____

Date (Day, month and year)	Time	Family Name <i>(please print)</i> Name of Medication	First Name <i>(please print)</i> Tick When Checked (√)				Comments	Name of staff <i>(Please print & initial)</i>
			Right Child	Right Medication	Right Dose	Right Route <i>(oral/inhaled)</i>		

Record for cross-checking: It is recognised that in many specialist school settings medication is administered using a system of two staff members checking the information noted on this log. This is an appropriate added safety measure and seen as good practice.

Name of Medication:	Prescribed Dose: