

*see "Medication Administration Authorization Form for any special considerations" *person administering the medication is to initial and log the time if different from stated above

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
January																															
Time/Initial																															
Time/Initial																															
February																															
Time/Initial																															
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March																															
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June																															
Time/Initial																															
Time/Initial																															

Staff member, parent/guardian or student (if approved for self-administration) is to initial the appropriate box above each time the medication is administered. A "one time" signature is required below to verify initials of the person administering the medication.

Signature	Initials	Signature	Initials	Signature	Initials