



Medication Administration Log

Name of student: _____ Year level: _____

Family Name *(please print)*

First Name *(please print)*

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

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: