

School _____

LCS MEDICATION LOG AUG - DEC 2018 – 2019

Med. Exp. Date _____

Student Name / Grade _____

D.O.B. _____

Allergies _____

Name of Medication _____

Reason for Medication / Diagnosis _____

Dosage (total mg to be given) _____

Amount (e.g. #of pills to be given) _____

Route (e.g. by mouth) _____

Time(s) to be given _____

Medicaid # _____

*(1)

*(2)

* 5 minutes of scheduled nursing time for each (1) & (2) completed

| Week | Refills/F.T. Count Date/Initials | Weekly Count Date/Initials | Monday Time/Initials | Tuesday Time/Initials | Wednesday Time/Initials | Thursday Time/Initials | Friday Time/Initials | Medicaid Weekly Signature |
|---------------------|-------------------------------------|-------------------------------|-------------------------|--------------------------|----------------------------|---------------------------|-------------------------|------------------------------|
| 08/13/18 - 08/17/18 | | | | | | | | |
| 08/20/18 - 08/24/18 | | | | | | | | |
| 08/27/18 - 08/31/18 | | | | | | | | |
| 09/03/18 - 09/07/18 | | | Holiday | | | | | |
| 09/10/18 - 09/14/18 | | | | | | | | |
| 09/17/18 - 09/21/18 | | | | | | | | |
| 09/24/18 - 09/28/18 | | | | | | | | |
| 10/01/18 - 10/05/18 | | | | | | | | |
| 10/08/18 - 10/12/18 | | | | | | | Holiday | |
| 10/15/18 - 10/19/18 | | | | | | | | |
| 10/22/18 - 10/26/18 | | | | | | | | |
| 10/29/18 - 11/02/18 | | | | | | | | |
| 11/05/18 - 11/09/18 | | | | | | | | |
| 11/12/18 - 11/16/18 | | | Holiday | | | | | |
| 11/19/18 - 11/23/18 | | | Holiday | Holiday | Holiday | Holiday | Holiday | |
| 11/26/18 - 11/30/18 | | | | | | | | |
| 12/03/18 - 12/07/18 | | | | | | | | |
| 12/10/18 - 12/14/18 | | | | | | | | |
| 12/17/18 - 12/21/18 | | | | | E.R. | E.R. | E.R. | |

Medication Administered By: (Signature, Title / Print Name / Initials)
