MEDICATION ADMINISTRATION LOG

For students requiring medication to be administered at school

This log should be completed by the staff member administering medication to any student at the school.

Name of student:_____ **Year level:**_____

Date	Time	Name of Medication and Dose	Tick when checked ✓				Comments	Staff member administering (print name and initial)	Staff member checking* (print name and initial)
			Correct Child	Correct Medication	Correct Dose	Correct Route			

***Cross-checking:** It is recognised that in many school settings medication is administered using a system of two staff members checking that medication is correctly administered. This is an appropriate added safety measure and is seen as good practice.