

MEDICATION AND/OR TREATMENT LOG

MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY		
Date:			Date:			Date:			Date:			Date:		
<u>Time</u>	<u>Comments</u>	<u>Initials</u>	<u>Time</u>	<u>Comments</u>	<u>Initials</u>	<u>Time</u>	<u>Comments</u>	<u>Initials</u>	<u>Time</u>	<u>Comments</u>	<u>Initials</u>	<u>Time</u>	<u>Comments</u>	<u>Initials</u>
Date:			Date:			Date:			Date:			Date:		
<u>Time</u>	<u>Comments</u>	<u>Initials</u>	<u>Time</u>	<u>Comments</u>	<u>Initials</u>	<u>Time</u>	<u>Comments</u>	<u>Initials</u>	<u>Time</u>	<u>Comments</u>	<u>Initials</u>	<u>Time</u>	<u>Comments</u>	<u>Initials</u>
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DIRECTIONS: Person providing service shall initial in appropriate space daily. Identifying signature and title must be indicated in space provided below one time only.
 If student is absent or if for any reason procedure/medication is not given, indicate in "comment" column.
 A new "Medication/Treatment Log" must be started if medication/treatment or dosage changes.
ALL RECORD KEEPING MUST BE DONE IN INK.

Signature	Title:	Date:
Signature	Title:	Date:
Signature	Title:	Date: