



THE KING'S ACADEMY

On Campus Medication Administration Log 2020-2021

Student LEGAL Name: _____

Date: _____

The following section is to be completed by the **PARENT**: (You may list up to four medications on this form.)

Medication Name	Dosage	Notify Parent if Administered?		Refill Needed After ___ Doses
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	

OFFICE USE ONLY

Date	Time	Symptoms Or Complaint	Medication Given	Dosage	Staff Name	Parent Notified?	Student Signature