San Joaquin County Office of Education
Mick Founts, Superintendent of Schools

Pomona Unified School District
Special Education - Nursing
Daily Log – Medication Administration

Student:	DOB:	School/Teacher/Grade:
Order Date: From _____, 20___ to _____, 20___		
Authorized Healthcare Provider:		Phone: Fax:
School Nurse:		Phone:

MD ORDERS:

Primary Medical Condition(s) for medication(s):			
Medication:	Dosage:	Frequency:	Allergies:

DOCUMENTATION DIRECTIONS - Person administering specialized physical healthcare service shall:
1) Enter on chart date and times care is provided and 2) Initial in columns provided.

- School Nurse and designated qualified staff should include identifying signatures below only one time.
- If student is absent, note date and write across columns. If pupil is present but a daily procedure is not done, indicate in column and explain reason on comment sheet.
- Nurse supervising the procedure signs in "Signature" spaces.

Date	Start Time	End Time	Medication & Dosage (amount)	Tolerance (*- if abnormal, must document in comments)	*Nurse called	Initials

Supervising Nurse Print Name/Date

School Nurse Print Name/Date

Health Assistant Print Name/Date

Supervising Nurse Sign Name/Date

School Nurse Sign Name/Date

Health Assistant Sign Name/Date

**** - Requires Documentation in Comments Section***

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Student:	DOB:	Teacher:

Date/Time	Comments	Initials

_____ Supervising Nurse Print Name/Date

_____ School Nurse Print Name/Date

_____ Health Assistant Print Name/Date

_____ Supervising Nurse Sign Name/Date

_____ School Nurse Sign Name/Date

_____ Health Assistant Sign Name/Date

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