## WISCONSIN MEDICAID OPTIONAL SCHOOL-BASED SERVICES ACTIVITY LOG MEDICATION ADMINISTRATION

Name — Student (Last, First, MI)				Name — School			Meth	od Used (Circle One)
								Time Task
Date of Service (MM/DD/YY)	Medication Name and Dose	Route	Time Administered (Time or Units)		Took Medication Without Difficulty? (Yes or No)	<b>Notes</b> (All Exceptions Must Be Noted)		Initials or Signature* (Of Person Who Administered Medication)

*Initials Key	Signatures — Corresponding Staff	Date Signed (MM/DD/YY)			

Under Standards of Practice for Registered Nurses, ch. N 6.03, Wis. Admin. Code, only registered nurses (RNs) may delegate services to medically unlicensed individuals. For delegated nursing services under the school-based services benefit, the RN responsible for delegating the services must agree to the delegation of the service and is responsible for supervision of the delegatee.