STATE OF WISCONSIN

Division of Medicaid Services F-01199 (07/2008)

WISCONSIN MEDICAID OPTIONAL SCHOOL-BASED SERVICES ACTIVITY LOG MEDICATION ADMINISTRATION

Name — Student (Last, First, MI)				Name — School				Metho	d Used	(Circle One)	
				<u> </u>					Гime	Task	
Date of Service (MM/DD/YY)	Medication Name and Dose	Route	Time Administered (Time or Units)		Took Medication Without Difficulty? (Yes or No)	Notes (All Exceptions Must Be Noted)			Si (Of F Adr	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				