**Unlicensed Assistive Personnel Medication Administration Compliance Checklist**

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| **Medication Administration Compliance**  | **Yes** | **No** |
| 1. Proper Handwashing Technique |   |   |
| 2. Current Medication Authorization |   |   |
| 3. Allergies/NKA documented |   |   |
| 4. Medication and log in locked cabinet |   |   |
| 5. Confidentiality Maintained |   |   |
| 6. Medication delivered to school by parent/guardian |   |   |
| 7. Medication in latest pharmacy container |   |   |
| 8. Medication count properly documented and signed |   |   |
| 9. Missed doses are properly documented by code |   |   |
| The 8 Rights of Medication are followed |   |   |
|  The right student |   |   |
|  The right medication |   |   |
|  The right dose |   |   |
|  The right time |   |   |
|  The right route |   |   |
|  The right documentation |   |   |
|  The right expiration |   |   |
|  The right to refuse |   |   |
|  |  |  |
| RN Signature and Initials:  | Date:  |   |
| UAP Signature and initials:  | Date:  |   |

Revised: Aug-25