**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