Use this form to record the administering of <u>all</u> medications.



Department of Education and Early Childhood Development

Policy 704 - APPENDIX B

MEDICATION LOG FORM

To be completed by the designated school personnel administering the medication or supervising the student's self-medication. Attach parent's instructions and signed request to the back of this form. Place in student's file when completed.

Name of Student:	Teacher:
Date of Birth:	Homeroom:
Storage and safekeeping instructions:	
Please record at time the medication is take	en:

Date	Time	Name of Medication	Dosage	Comment (if any)	Initials

Note any unanticipated reactions/results related to the administering of the medication: