

Appendix B – INDIVIDUAL STUDENT RECORD OF ADMINISTERED MEDICATION

Student Medication Log

School:
Teacher:
Student Name:
Student DOB:
Home Address (including city & postal code):
Contact number:
For the month of: _____ 20 _____
Name of Medication:
Amount: _____ Time: _____ Duration: _____
Special Instructions (storage):
Date Medication Received by School:
Date Returned to Parent:

WHEN ADMINISTERING MEDICATION:

1. Check name and information on the container and information sheet.
2. Note refusal or discontinuation under "Comments".
3. Submit to Main Office File at month's end.
4. Notify Parent or Guardian immediately if adverse reaction occurs and document under "Comments".

