

SCHOOL MEDICATION LOG

Parent/Guardian Instructions

1. Use one sheet for each medication. Do not list two medications on the same sheet.
2. If the school has a required form, attach a copy of that form to this sheet.

School Instructions

1. To make sure the medication is taken by the student as prescribed, ***do not wait for the student to ask for his or her medication.*** Instead, call the student from class at the designated time.
2. To make sure the medication is taken by the student for whom it is intended, and to make sure no other student receives the medication, ***do not give the student the medication to take away with him or her.*** Instead, observe while the medication is taken.

Student Name: _____ Grade: _____

Name of Medication: _____

Dose/Amount to be administered: _____

Time/s of day to administer: _____ AM _____ PM

Any special instructions: _____

Signature of parent/guardian: _____

Day of the Week	Date	Time	Printed Name of Person Administering	Signature of Person Administering
<i>MONDAY</i>				
<i>TUESDAY</i>				
<i>WEDNESDAY</i>				
<i>THURSDAY</i>				
<i>FRIDAY</i>				