Huron-Superior Catholic
DISTRICT SCHOOL BOARD

INDIVIDUAL STUDENT LOG OF PRESCRIBED MEDICATION

NAME OF STUDENT	BIRTHDATE
ADDRESS	TELEPHONE
PARENT/GUARDIAN'S NAME	
PHYSICIAN'S NAME	TELEPHONE
SCHOOL	GRADE

DATE	TIME	NAME OF MEDICATION	DOSAGE	SIGNATURE OF PERSON ADMINISTERING MED.	COMMENTS

ADMINISTERED

Medication received by: _____ ***Date:*** _____
Medication surrendered to: _____ ***Date:*** _____
Medication surrendered by: _____ ***Date:*** _____