



Huron-Superior Catholic

DISTRICT SCHOOL BOARD

INDIVIDUAL STUDENT LOG OF PRESCRIBED AND OVER THE COUNTER 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: _____