



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:* _____