

**ST. CLAIR CATHOLIC DISTRICT SCHOOL BOARD
POLICIES AND PROCEDURES
SECTION C: STUDENTS**

APPENDIX C

INDIVIDUAL STUDENT LOG OF PRESCRIPTION MEDICATION ADMINISTERED

Name of Student: _____

School: _____

When Medication is to be Administered: Form: Pill Capsule Liquid

Medication Designate: Designate 1: _____

Designate 2: _____

Date (MM/DD/YR)	Time	Medication	Dosage	Signature of Person Administering	Comments

INDIVIDUAL STUDENT LOG OF PRESCRIPTION MEDICATION ADMINISTERED

Date (MM/DD/YR)	Time	Medication	Dosage	Signature of Person Administering	Comments