



STUDENT MEDICATION LOG

Student Name: _____ Date of Birth: _____

Home Address: _____

City: _____ Postal Code: _____ Home Phone: _____

School: _____ Teacher: _____

For the Month of: _____ 20 _____ Name of Medication: _____

Amount: _____ Time: _____ Duration: _____

Special Instructions (storage): _____

Date Medication Received by School: _____ Date Returned to Parent: _____

WHEN ADMINISTERING MEDICATION

1. Check name and information on the container and information sheet;
2. Note refusal or discontinuation under 'Comments';
3. Submit to Main Office File at month's end;
4. Notify Parent or Guardian immediately if adverse reaction occurs and document under 'Comments'.

MEDICATION LOG

DATE	TIME	SIGNATURE OF PERSON ADMINISTERING	COMMENTS	DATE	TIME	SIGNATURE OF PERSON ADMINISTERING	COMMENTS

Information Collection Authorization: This information is collected pursuant to the Board's education responsibilities as set out in the Education Act and is within guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act, 1989. The information is collected for education purposes and will be used to meet student medical needs. This information will become part of the Ontario Student Record. Any questions with respect to this information should be directed to the School Principal. Users: Staff administering medication or special services.

