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

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