New Brunswick

APPENDIX B

MEDICATION LOG FORM

To be completed by the designated school personnel administering the medication or supervising the student's self-medication. Attach parent's instructions and signed request to the back of this form. Place in student's file when completed.

Name of Student:		Teacher:	
Date of Birth:		Homeroom:	

Storage and safekeeping instructions:

Please record at time the medication is taken:

Date	Time	Name of Medication	Dosage	Comment (if any)	Initials

Note any unanticipated reactions/results related to the administering of the medication: