



DAILY MEDICATION LOG

Student Name: _____ Grade: _____
 Medication & Dosage: _____
 Frequency & Time: _____
 Date Begun: _____ Date to End: _____
 Prescriber's Name: _____ Phone: _____
 Parent/Guardian Signature: _____ Phone: _____

Date	Time	Dosage	Initials	Date	Time	Dosage	Initials

We cannot administer any type of medications to your child without written permission and the specific medication that is to be given by your direction. Each medicine (Motrin, Tylenol, antibiotics, cough suppressants, inhalers, skin creams or any over the counter medications will be locked in the office and dispensed during the day according to your instructions. Student name must be on the medication along with the permission form.