Good Shepherd Catholic School
Medication Log

Student Name:_____ Grade_____

Medication & Dosage:_____

Frequency & Time:_____

Date to Begin: _____ Date to End:_____

Parent Signature:_____ Prescriber's Name_____

Date	Time	Dosage	Administered By *(Initials)*	Date	Time	Dosage	Administered By *(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 according to your instructions. Student name must be on the medication along with this permission form.