Keewatin-Patricia District School Board

FORM B_1

ADMINISTRATION OF MEDICATION STUDENT LOG

Student's Name: _____ Teacher: _____

Class: _____

MEDICATION

Name of Medication: _____ Dosage to be administered: _____

Prescription No: _____ Time(s) to be administered: _____

Pharmacy: _____ Person to Administer: _____

MEDICATION REPORT

Place initials in appropriate space to confirm that prescribed routine medication has been administered
Indicate abnormal or unusual circumstances on reverse

DAY	SEP		OCT		NOV		DEC		JAN		FEB		MAR		APR		MAY		JUN		JUL/AUG (if summer school)	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
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Keewatin-Patricia District School Board

FORM *B*$_2$

ABNORMAL OR UNUSUAL CIRCUMSTANCES

Date	Comments	Signature