



FORM 230-11	
Adopted	April 2005
Last Revised	May 2015
Review Date	May 2020

ADMINISTRATION OF ORAL MEDICATION – STUDENT MEDICATION LOG

School: _____

Student Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian Name: _____ Phone #: _____ Cell #: _____

Doctor's Name: _____ Phone #: _____

Reminder:

- Compare the information recorded on the request for administration with the pharmacy label on the medication container
- Check the expiry date on the medication
- Confirm student's first and last names
- Record each occasion when medication is given

Date	Time	Medication	Dosage	Signature of Person Administering	Comments

Note: This form must be stored in a secure location.