



*"Inspire learners, Integrate sustainability,
Involve community"*

SCHOOL DISTRICT NO. 64

PROCEDURE 4250-3 (Form)

**School Log of Actions and Administration of
Medications to a Student**

Student Name: _____

Name of Doctor: _____

Date of Birth: _____

Dr./Clinic Phone: _____

Home Phone: _____

Pharmacy Phone: _____

Update each time a medication is administered.

Date	Time	Medication	Dosage	Administered By	Initial