



## ADMINISTERING MEDICATION/MEDICAL PROCEDURES

### Student Log

Student: \_\_\_\_\_ Address: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Telephone: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_

MEDICATION RECEIVED AND RETURNED			
Date	Medication	Amount Received/Returned	Signature

ADMINISTRATING MEDICATION OR PROCEDURE					
Date	Time	(A) Procedure or (B) Medication	If (B), record dosage	Signature of person administering	Comments (including any observed side effects)

**APPENDIX B**

Date	Time	(A) Procedure or (B) Medication	If (B), record dosage	Signature of person administering	Comments (including any observed side effects)