JAMES BAY LOWLANDS SECONDARY SCHOOL BOARD

CONFIDENTIAL

INDIVIDUAL STUDENT LOG OF PRESCRIBED MEDICATION

STUDENT'S NAME: _____

D.O.B.: _____ TELEPHONE: _____

ADDRESS: _____

_____

PARENT(S)/GUARDIAN(S): _____

MEDICATION INSTRUCTIONS: _____

_____

DATE	TIME	MEDICATION	DOSAGE	STAFF INITIALS	STUDENT'S INITIALS