

DEARBORN PUBLIC SCHOOLS STUDENT MEDICATION LOG

STUDENT _____ SCHOOL _____ TEACHER _____ GRADE _____

MEDICATION _____ ROUTE _____ DOSAGE _____ TIME _____

SCHOOL YEAR _____ COMMENTS _____

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August																															
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															
June																															

Initials Signature

MEDICATION RECEIVED				
DATE	DELIVERED BY	QUANTITY	RECEIVED BY	WITNESS

Codes:	X	No school	W	Dose withheld
	A	Absent	R	Refused
	D/C	Med discontinued	NP	Not provided