ST. CLAIR CATHOLIC DISTRICT SCHOOL BOARD
POLICIES AND PROCEDURES
SECTION C: STUDENTS

APPENDIX C

Clear Form

ST. CLAIR CATHOLIC
DISTRICT SCHOOL BOARD
Lighting the Way ~ Rejoicing in Our Journey

INDIVIDUAL STUDENT LOG OF PRESCRIPTION MEDICATION ADMINISTERED

Name of Student: _____

School: _____

When Medication is to be Administered: **Form:** ☐ **Pill** ☐ **Capsule** ☐ **Liquid**

_____

Medication Designate: **Designate 1:** _____

Designate 2: _____

Date (MM/DD/YR)	Time	Medication	Dosage	Signature of Person Administering	Comments