



OTTAWA-CARLETON  
DISTRICT SCHOOL BOARD

# Student Medication Log

(References: P.108.SCO and PR.547.SCO, PR.548.SCO and PR.632.SCO)

Student's Name: \_\_\_\_\_ Student Number \_\_\_\_\_

School Name: \_\_\_\_\_ Grade/Room: \_\_\_\_\_

Principal's Name: \_\_\_\_\_ Home Form Teacher: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage(s): \_\_\_\_\_

Month: \_\_\_\_\_

Month: \_\_\_\_\_

Month: \_\_\_\_\_

Month: \_\_\_\_\_

Date	Time	Initial

Date	Time	Initial

Date	Time	Initial

Date	Time	Initial

Month: \_\_\_\_\_

Month: \_\_\_\_\_

Month: \_\_\_\_\_

Month: \_\_\_\_\_

Date	Time	Initial

Date	Time	Initial

Date	Time	Initial

Date	Time	Initial

The personal information on this form is collected under the authority of the *Education Act* and will only be used to record the administration of medication to the named student. Access to this information will be limited to those who have an administrative need, to the student to whom the information relates, and to the parent(s)/guardian(s) of the student who is under 18 years of age.