

MEDICATION ENVELOPE LOG
(Staple to Envelope)

Name: _____ Date of Birth: _____
School: _____ Grade: _____ Year: _____
Medication: _____
Method of administration: _____ Dosage: _____
Time: _____ Date started: _____
Doctor: _____ Other Information: _____

SIDE EFFECTS: If possible signs of medication side effects are observed or the student reports symptoms, document such on this form, including what was done about it.

Date/Time/Signature

Date/Time/Signature

(File in Cumulative file when this is complete)