Plymouth Joint School District

DAILY MEDICATION LOG -- AS NEEDED MEDICATIONS

Name					Grade School			
Medicati	on and I	Dosage						
Frequency and Time Date B					egun Date to End			
Parent/ Guardian Name					Phone			
Consent form on file: YES NO								
DATE	TIME	DOSAGE	SIGNATURE	D	ATE	TIME	DOSAGE	SIGNATURE
MEDS RECEIVED:					STAFF DISTRIBUTING MEDS:			
Date Quan		Quantity	Initials		Signature			Initials