The Tatnall School
PRESCRIPTION MEDICATION LOG

STUDENT ______________________ GRADE ____________

PHYSICIAN ______________________ ________/________ START DATE / STOP DATE

MEDICATION ______________________ DOSAGE ____________ ROUTE ____________

TIME TO BE GIVEN ______________________ NURSES' SIGNATURE ______________________

PARENT SIGNATURE ______________________ SUBSTITUTE NURSE ______________________

DATE	TIME	MONITORED OR DISPENSED BY	DATE	TIME	MONITORED OF DISPENSED BY