## **MEDICATION PASS LOG**

INSTRUCTIONS: Use this form to document each medication pass issued.

Student's Name	Date Pass Issued	Expiration Date of Pass	Name of Medication	Amount of Medication Checked In	Dosage	Student is authorized to:	Signature of issuing school official
						□Self-administer, supervised	
						☐ Self-administer, unsupervised	
			☐ Prescription ☐ Over-the-Counter		☐ Daily☐ Episodic/Emergency☐ Only☐ Other:	☐ Carry medication	
						□Self-administer, supervised	
					☐ Daily	☐ Self-administer, unsupervised	
			☐ Prescription ☐ Over-the-Counter		□Episodic/Emergency Only □ Other:	☐ Carry medication	
			D Over-the-Counter			□Self-administer, supervised	
					E Della	☐ Self-administer, unsupervised	
			☐ Prescription ☐ Over-the-Counter		☐ Daily☐ Episodic/Emergency☐ Only☐ Other:	☐ Carry medication	
			D Over the Odditer			□Self-administer, supervised	
					☐ Daily	☐ Self-administer, unsupervised	
			☐ Prescription ☐ Over-the-Counter		□ Episodic/Emergency Only □ Other:	☐ Carry medication	
						□Self-administer, supervised	
					☐ Daily	☐ Self-administer, unsupervised	
			☐ Prescription ☐ Over-the-Counter		□Episodic/Emergency Only □ Other:	☐ Carry medication	
			D Over the Odditer			□Self-administer, supervised	
					☐ Daily	☐ Self-administer, unsupervised	
			☐ Prescription ☐ Over-the-Counter		□ Episodic/Emergency Only □ Other:	☐ Carry medication	
						□Self-administer, supervised	
					☐ Daily	☐ Self-administer, unsupervised	
			☐ Prescription ☐ Over-the-Counter		□ Daily □Episodic/Emergency Only □ Other:	☐ Carry medication	

New Town Public School District #1

Exhibit Approved: January 12, 2016