

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
			<input type="checkbox"/> Prescription <input type="checkbox"/> Over-the-Counter		<input type="checkbox"/> Daily <input type="checkbox"/> Episodic/Emergency Only <input type="checkbox"/> Other:	<input type="checkbox"/> Self-administer, supervised <input type="checkbox"/> Self-administer, unsupervised <input type="checkbox"/> Carry medication	
			<input type="checkbox"/> Prescription <input type="checkbox"/> Over-the-Counter		<input type="checkbox"/> Daily <input type="checkbox"/> Episodic/Emergency Only <input type="checkbox"/> Other:	<input type="checkbox"/> Self-administer, supervised <input type="checkbox"/> Self-administer, unsupervised <input type="checkbox"/> Carry medication	
			<input type="checkbox"/> Prescription <input type="checkbox"/> Over-the-Counter		<input type="checkbox"/> Daily <input type="checkbox"/> Episodic/Emergency Only <input type="checkbox"/> Other:	<input type="checkbox"/> Self-administer, supervised <input type="checkbox"/> Self-administer, unsupervised <input type="checkbox"/> Carry medication	
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