District School Board
Ontario North East

Appendix B

Individual Student Log of Prescribed and Non-Prescribed Medication

(Appendix A attached)

Student Name: _____ **Homeroom:** _____

D.O.B: _____ **Grade:** _____

School Name: _____ School Year: _____

Address: _____

Parent/Guardian: _____ Phone: _____

Alt. Contact: _____ Phone: _____

Alt. Contact: _____ Phone: _____

Date	Time	Medication	Dosage	Name of Person Administering	Comments

Personal information is collected under the authority of the Education Act. Questions about this collection of personal information should be directed to: The Coordinator, Freedom of Information and Protection of Individual Privacy c/o Superintendent of Education, District School Board Ontario North East, P.O. Box 1020, Timmins, ON, P4N 7H7

Appendix B (Cont'd)

Student Name: ________________________________ **Homeroom:** ________________ **Gr:** ______

Date	Time	Medication	Dosage	Name of Person Administering	Comments

PAGE #: ____________