## 2018 - 2019

## MCC STUDENT MEDICINE LOG SHEET

## (Must use one log per medicine, per student)

***Please complete the top portion of this form and return to the school.***

***STUDENT NAME: ___________________________________ DOB: _________________________***

***PHYSICIAN: ____________________________ AUTHORIZATION START DATE: _________________***

***AUTHORIZATION END DATE: ______________ METHOD: _________________________________***

***MEDICATION NAME: _________________________________ DOSAGE: ______________________***

***TIME/FREQUENCY: __________________________ALLERGIES:_____________________________***

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Revised 07/25/18