



PRN / EMERGENCY MEDICATION LOG / BEHAVIOR LOG

Student's Name _____ School Year _____ / _____

School _____ Teacher/ Homeroom _____

Any time a student is given a PRN (as needed) or emergency medication at school, this log must be completed and signed. Record the name of the medication, the dosage given, and date and time given. **Another trained staff member must witness your actions and sign this form.** Any medication a student takes (either at home or at school) can cause changes in normal behavior patterns. Staff should observe the student daily for any signs such as extreme fatigue, changes in appetite, moodiness, aggressiveness, or other personality changes. Any observations should be recorded and shared with the nurse/parent/guardian. Encourage the parent/guardian to report any changes to the student's physician, so the physician is aware of the student's physical and emotional reactions to this medication. **THIS IS A CONFIDENTIAL DOCUMENT. KEEP IT IN THE MEDICATION BOOK/BOX OR WITH THE STUDENT'S MEDICATION.**

Date	Time	Name of Medicine	Dosage	Staff Signature	Witness Signature	Observations of Student