

ST. JAMES-ASSINIBOIA SCHOOL DIVISION

JLCD-E-2

LL# 87600

ADMINISTRATION OF PRESCRIBED OR OVER-THE COUNTER MEDICATION RECORD

IDENTIFICATION					
School			School Yea	School Year	
Student Name			Birthdate(YY/MM/DD)		
MEDICATION INFORMATION					
Medication Name:			Dosage:		
Time of administration during school day:					
Start Date (if applicable):			End date (if applicable):		
Storage requirements (e.g. refrigeration):					
Doctor Name:			Phone:	Phone:	
Pharmacist Name:			Phone:		
SCHOOL EMPLOYEES DESIGNATED TO ADMINISTER MEDICATION					
12		Alternate Employee			
Date	Time Given	OUTCOME Successful (S) Missed (M) Unsuccessful (U) Refused Meds (R)	Comments (e.g. reason for unsuccessful administration, other information)	Designated Employee Signature	

REVISED May 22, 2018 Motion #09-04-18

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