

Student Information

Student Name:	DOB:	A	Age:	Grade:		
OEN:	School:	Teacher:				
Home Address:		City:	Postal (Code:		
Parent(s)/Guardian(s):		Contact Number:				
Medication Information						
Name of Medication:						
Times of Administration: Duration of Administration:						
Special Instructions:						
Date Medication Received by School: Date Returns to Parent:						
For the Month of:						
When Administering Medica	ation					
 Check name and information on the container and information sheet. Second person confirmation of dosage amount. Note refusal or discontinuation under "Comments". 						

Individual Student Record of Administered Medication

Medication Log

Notify Parent or Guardian immediately if adverse reaction occurs and document under "Comments".

Date	Time	Signature of Person Administering	Signature of Person Confirming Dosage	Comments

Privacy Notice

The Catholic District School Board of Eastern Ontario collects personal information under the authority of the Education Act, the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), and other applicable legislation, for the purpose of the administration of educational programs and services within CDSBEO. All information is collected in compliance with legal and regulatory requirements. The information may be shared with authorized staff and third parties as necessary in keeping with the law. We implement important measures to protect your information from unauthorized access, use, or disclosure. You have the right to access and correct your personal information held by us. For further details, please visit: https://www.cdsbeo.on.ca/notice-of-disclosure/. By providing your personal information, you consent to its use as described.

Copies to: Parent(s)/Guardian(s) Ontario Student Record (OSR)

Submit to Main Office File at month's end.