

INDIVIDUAL STUDENT RECORD OF ADMINISTERED MEDICATION

STUDENT MEDICATION LOG

School:	Teacher:
Student Name:	
Student DOB:	
Home Address (including city & postal code):	
Contact number:	
For the month of: _____ 20 _____	
Name of Medication:	
Amount: _____	
Time: _____	
Duration: _____	
Special Instructions (storage):	
Date Medication Received by School:	
Date Returned to Parent:	

WHEN ADMINISTERING MEDICATION:

1. Check name and information on the container and information sheet.
2. Note refusal or discontinuation under "Comments".
3. Submit to Main Office File at month's end.
4. Notify Parent or Guardian immediately if adverse reaction occurs and document under "Comments".

MEDICATION LOG

Date	Time	Signature of Person Administering	Initials of Verifier	Comments

INFORMATION COLLECTION AUTHORIZATION:

This information is collected pursuant to the Board's education responsibilities as set out in the Education Act and is within guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act, 1989. The information is collected for education purposes and will be used to meet student medical needs. This information will become part of the Ontario Student Record. Any questions with respect to this information should be directed to the School Principal. Users: Staff administering medication or special services.