

Individual Student Log of Prescription Medication Administered

Name of Student: _____ Birth Date: _____
 Address of Student: _____ Student Phone No.: _____
 School: _____ Teacher: _____
 Physician: _____ Physician Phone No.: _____

MEDICATION

Name of Medication: _____ Prescription Number: _____
 Dosage to be Administered: _____ Time to be Administered: _____
 Name of Person to Administer Medication: _____

Medication Record:

Place initials in appropriate space below to confirm that prescription medication has been administered. Indicate abnormal or unusual circumstances and action taken on reverse.

	Year: _____								Year: _____											
	September		October		November		December		January		February		March		April		May		June	
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Notice of Collection: In accordance with Section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, 1989, this is to advise you that the information you have provided is collected under the legal authority of Section 327 of the Education Act, R.S.O. 1990 c. E2 as amended, and may be used as necessary for some or all of the following principal administrative purposes related to: the Board operation, school programs and educational services, student records, and Ministries of the Government of Ontario. If you have any questions, please contact the Principal and/or the Freedom of Information Coordinator, Thames Valley District School Board, 1250 Dundas Street, London, Ontario, N6A 5L1 (telephone 519-452-2257).