

Louis Riel School Division Administration of Prescribed or Over-the-Counter Medication Record

School	School Year:
Student Name	Birthdate(YY/MM/DD)
Medication Name:	Strength
Instructions:	
Doctor's Name	Phone Number
Pharmacy Name	Phone Number
Time of day to be administered	Designated Employee
	Alternate Employee

Date	Time of Administration	Designated Employee Signature	Successful (S) Missed (M) Unsuccessful (U) Refused Meds (R)	Comments
Date	Administration	Signature	Relused Fleus (R)	Commence