Near North
District School Board

APPENDIX E

RECORD OF ADMINISTRATION OF ORAL MEDICATION

Student's Name: _____ Birth Date: _____

Parent(s)/Guardian(s)' Telephone#:_____

Emergency Contact's Telephone #:_____

School: _____ Grade: _____

Student's Physician: _____ Physician's Telephone #: _____

Designate
Name & Initials: _____

Substitute
Name & Initials: _____

Medication:_____ Dosage: _____

Times to be Administered:_____

Directions for Ingestion:_____

Dates or conditions in which Medication is to be Administered:_____

Week of

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week OF:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week OF:

TIME	M	T	W	T	F

This record should be secured with the medication or near where it is stored. A separate sheet shall be maintained for each medication to be given to the student. This record shall become a part of the student's pupil records. Any side effects and responses to side effects must be noted on a separate piece of paper and attached to this record.

Week of

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

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TIME	M	T	W	T	F

Week of :

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F