Appendix B

NIAGARA CATHOLIC DISTRICT SCHOOL BOARD

RECORD OF ADMINISTRATION OF PRESCRIBED AND NON-PRESCRIBED MEDICATION

This information is being collected under the Authority of The Education Act, and will be used for the purposes of recording administration of prescribed

Name of Student	OEN#	School Name

and non-prescribed medication during school hours. Questions about this collection should be directed to the Superintendent of Education, Niagara Catholic District School Board, 427 Rice Road, Welland, ON L3C 7C1 Telephone (905) 735-0240

DATE	TIME	DOSAGE	SIGNATURE

Copy Provided to Parent/Guardian:	• yes	• no	Date:
Remaining Medication Returned:	• to parent	• to local pharmacy	Date:
Signature of Principal:			Date:

NOTE: PLEASE RETAIN A COPY FOR THE DURATION OF THE STUDENT'S ATTENDANCE AT THE SCHOOL