Niagara Catholic District School Board
RECORD OF
ADMINISTRATION OF MEDICATION

Personal information on this form is being collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and the Personal Health Information Protection Act (PHIPA). The purpose of collection is to identify protocols to follow in the event a student experiences symptoms pertaining to a prevalent medical condition. Questions about this collection should be directed to the Superintendent of Education, Student Support, Niagara Catholic District School Board, 427 Rice Road, Welland, ON L3C 7C1, (905) 735-0240.

STUDENT PROFILE AND INFORMATION

Student Name: _____ D.O.B. _____

School Name: _____ OEN: _____

Name of medication Administered: _____

Medication start date: _____ Medication end date: _____

Date medication provided to Principal/Designate	**Amount of Medication provided to Principal/Designate**	**Storage Location within the school**
Amount of medication returned to Parent/Guardian at end of the schedule		
Copy provided to Parent/Guardian at end of schedule ☐ YES ☐ NO		
Remaining medication returned to Parent/Guardian ☐ YES ☐ NO		

Parent/Guardian Name (Print)	Signature	Date
Principal/Designate (Print)	Signature	Date

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

Administration of Medication Record

DATE	TIME	DOSAGE ADMINISTERED	STAFF SIGNATURE

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