Principal Classroom Teacher

AS-35-07/01

File JFG-E2

PORTAGE LA PRAIRIE SCHOOL DIVISION
INDIVIDUAL MEDICATION RECORD

SCHOOL _____ STUDENT _____

MEDICATION _____ DOSAGE _____

METHOD _____ TIME(S) _____

INSTRUCTIONS FOR PERSON(S) ADMINISTERING THE MEDICATION

Attach completed "Administration of Prescribed Medication" form to this medication record.

Verify your intials *once* with a full signature on the reverse side of this record.

Do 5 stage checklist before administering medication i.e. that you have the *right*:

1. STUDENT
2. MEDICATION
3. DOSAGE
4. METHOD (e.g. oral)
5. TIME

Every time the medication is administered,

- record the date and time,
- initial the fact that the medication was administered
- note absent, refused, missed or discontinued if administration not done at prescribed time
- write any other comments you feel are relevant

Notify parent/guardian when less than four day's supply of medication remains.

DATE/TIME	INITIAL	COMMENTS	DATE/TIME	INITIAL	COMMENTS