



**ADMINISTRATION OF
PRESCRIBED MEDICATION RECORD**

**River East Transcona School Division
Administration of Prescribed Medication Record**

School _____

Student Name _____ Birthdate _____

Medication _____ Dosage _____

Doctor/Pharmacist Name _____

Time of day to be administered _____ Designated Employee _____

Alternate Employee _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Comments
Date						
Time						
Signature						
Code *						
Date						
Time						
Signature						
Code *						
Date						
Time						
Signature						
Code *						
Date						
Time						
Signature						
Code *						

*** (S) Successful (M) Missed (I) Incorrect Time (R) Refused Meds (E) Error**

Effective Date: December 7, 2004 Review Date: April 17, 2018; February 8, 2023
 Amended Date:
 Board Motion(s): 635/04
 Legal/Cross Reference: