



**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  
 Amended Date:  
 Board Motion(s): 635/04  
 Legal/Cross Reference: