

MEDICATION RECEIPT/DISPOSAL RECORD

**River East Transcona School Division
Medication Receipt/Disposal Record
To be completed by School Staff**

School

Student Name Birthdate (y/m/d)

Medication Expiry Date (if applicable)

Method of Administration

Designated Employee Alternate

Date Signature of Principal

Date Received	Date of Disposal	Pickup (initial)	Amount of Medication (i.e., number of pills, amount of liquid)	School Staff Signature	Parent Signature

Effective Date: December 7, 2004

Amended Date:

Board Motion(s): 635/04

Legal/Cross Reference:

Review Date: April 17, 2018;
February 8, 2023