

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