WINDSOR-ESSEX CATHOLIC DISTRICT SCHOOL BOARD

1325 California Avenue
Windsor, ON N9B 3Y6
Telephone: (519) 253-2481

Pr ST: 11 FORM C

RECORD OF MEDICATION ADMINISTRATION AT SCHOOL

School Year: _____

STUDENT INFORMATION			
Full Name of Student:			
Birth Date: (dd/mm/yy)		**Medic Alert I.D.:**	
School Name:		**Grade:**	
Home Address:			
Home Telephone:		**Emergency Telephone:**	
Name of Father:		**Business Telephone:**	
Name of Mother:		**Business Telephone:**	
Name of Legal Guardian:		**Business Telephone:**	

Name of Medication	**Amount/Dosage Administered**	**Date** (dd/mm/yy)	**Time**	**Initials of Person Providing Service**