WINDSOR-ESSEX CATHOLIC DISTRICT SCHOOL BOARD

PR ST: 11 FORM G

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

RECORD OF MEDICATION ADMINISTRATION AT SCHOOL

School Name: _____ School Year: _____

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

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