

LETHBRIDGE SCHOOL DIVISION

Revised January 2015

Form 504.1.2 – Daily Record of Medication/Personal Care Administered

Name:	Office Use Only Medication Received:
Birthdate:	
Address:	Amount:
Phone:	Date:
School:	Initials:
Grade:Class:	

To be filled in each time intervention/treatment is administered. Month:_____Year:__

Date	Time	Intervention/Treatment	Dosage	Administered By	Comments