

LETHBRIDGE SCHOOL DIVISION

Revised January 2015

## Form 504.1.2 – Daily Record of Medication/Personal Care Administered

| Name:        | Office Use Only<br>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 |
|------|------|------------------------|--------|-----------------|----------|
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