

Please confirm the student's identity.

| Student Name: | | | | School: | | |
|---|-----|----------|------|-------------------------------------|--|------------------------|
| Date of Birth: Medication: | | | | | | |
| | Day | Month | Year | | | |
| Doctor/Pharmacist Name(s): Designated Employee: | | | | | | |
| Date | Tin | ne Given | | Designated Employee Signature | Successful (S) Missed (M) Unsuccessful (U) Refused Meds (R) | Additional Comments |
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