Pembina Trails
School Division
Accomplish Anything

JLCD-E-2
ADMINISTRATION OF PRESCRIBED MEDICATION RECORD

Please confirm the student's identity.

Student Name: _____ School: _____

Date of Birth: _____ Medication: _____
Day Month Year

Dosage: _____ Time of Day to be Administered: _____

Doctor/Pharmacist Name(s): _____ Designated Employee: _____

Date	Time Given	Designated Employee Signature	Successful (S) Missed (M) Unsuccessful (U) Refused Meds (R)	Additional Comments