SUNRISE SCHOOL DIVISION

JLDC-E2

RECORD OF ADMINISTRATION OF PRESCRIBED MEDICATION

Please confirm the student's identity prior to administering medications.

School: _____ Student name: _____
Birth date: _____ (year/month/date) Medication: _____
Doctor/pharmacist: _____ Dosage: _____
Time of day to be administered: _____ Designated employee: _____

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

Cross Reference:		
Date Adopted: August 1, 2017	**Date Amended:**	**Board Motion(s):**
Procedure: JLDC	**Guidelines:** JLDC-R	**Exhibit:** JLDC-E1, JLDC-E3