Form 316.3

Lloydminster Catholic School Division
DAILY MEDICATION RECORD

Student Name _____ Date of Birth _____

Medication Name _____ Dose _____

Route of Administration _____

Time/Frequency _____ Other Directions: _____

Start Date _____ Stop Date (if known) _____

Personnel Administrating Medication:

Name	Signature	Initials
_____	_____	_____
_____	_____	_____

Date	Time	Amount	Initial	Comment