

Form 316.4

Lloydminster Catholic School Division
School Name
RECORD OF HEALTH CARE INTERVENTIONS

Student Name _____ Birth Date _____

School _____

Interventions _____ Start Date _____ Stop Date (if known) _____

Directions _____

Date	Time	Comment/Description	Initial

Directions:

- Persons administering the procedure shall initial in space and include identifying signature at bottom of page only one time.
- This form shall be included in student's Health Services Plan.
- Additional comments should be entered on the back of the sheet.

Signature _____ Initials _____

Signature _____ Initials _____

Signature _____ Initials _____