Form 316-5
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

Meadow Lake Office · 525 5th Street West, Meadow Lake, SK S9X 1B4 · Ph (306) 236-5614 · Fax (306) 236-3922
South Office · Box 456, Marshall, SK S0M 1R0 · Ph (306) 387-1200 · Fax (306) 387-1204
Turtleford Office · Box 280, Turtleford, SK S0M 2Y0 · Ph (306) 845-2150 · Fax (306) 845-3392