Simcoe County District School Board

RECORD OF ADMINISTRATION OF MEDICATION (RAM)

School Year _____

Student _____ **School** _____

Note: Medication shall only be administered by school personnel at school and at school-sponsored events when the required permission forms have been completed (see APM A1420 – Administration of Medication and Medical Emergency Response).

Staff Familiar with/aware of Plan

_____
_____
_____
_____

Staff Trained to Administer Medication

_____
_____
_____
_____

Information from Student Medical Form:

Name of Medication: _____ **Amount to be Dispensed:** _____

Frequency of Administration: (FORM A1420 - 1b, Section F) _____

Special Instructions: _____

Please indicate when medication is not administered because of student absence.

Date	Time	Name of Medication	Amount Dispensed	Amount Remaining	Print Name of Person Administering Medication	Signature

Distribution: 1. Office Health File
2. Ontario Student Record Documentation File (upon transfer)