Clearview Public Schools
We All Belong – We All Succeed

316-4 Student Medication Record

Student Name: _____ D.O.B.: _____ Grade: _____

Name of Medication: _____

DATE	TIME	Dosage	Initials of Monitoring staff member	Comments

The information is collected/disseminated in accordance with Sections 32, 33 and 37 of the Freedom of Information and Protection of Privacy Act.