



***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

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### 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.***

[illegible]

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