



ACCESSIBILITY:

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2020 – 2021

Student's Name: _____ Physician's Name: _____

Medication (e.g. 1 tab of Ritalin): _____ Dosage (e.g. 100 mg): _____

Week of:	Monday (Time/Initial)	Tuesday (Time/Initial)	Wednesday (Time/Initial)	Thursday (Time/Initial)	Friday (Time/Initial)
Sept. 7-11					
Sept. 14-8					
Sept. 21-25					
Sept. 28 - Oct. 2					
Oct. 5-9					
Oct. 12-16					
Oct. 19-23					
Oct. 26-30					
Nov. 2-6					
Nov. 9-13					
Nov. 16-20					
Nov. 23-27					
Nov. 30 - Dec. 4					
Dec. 7-11					
Dec. 14-18					
Dec. 21-25					
Dec. 28-Jan. 1					
Jan. 4-8					
Jan. 11-15					
Jan. 18-22					
Jan. 25-29					
Feb. 1-5					
Feb. 8-12					



Week of:	Monday (Time/Initial)	Tuesday (Time/Initial)	Wednesday (Time/Initial)	Thursday (Time/Initial)	Friday (Time/Initial)
Feb. 15-19					
Feb. 22-26					
Mar. 1-5					
Mar. 8-12					
Mar. 15-19					
Mar. 22-26					
Mar. 29 - Apr. 2					
Apr. 5-9					
Apr. 12-16					
Apr. 19-23					
Apr. 26-30					
May 3-7					
May 10-14					
May 17-21					
May 24-28					
May 31-Jun. 4					
Jun. 7-11					
Jun. 14-18					
Jun. 21-25					
Jun. 28-29					

Disclaimer

Information on this form is collected pursuant to the board's responsibilities set out in the Education Act and protected in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Information on this form will be used to administer medication as required in accordance with this schedule.

Completed by: Administrator of Medication

Distribution: Attach to Medication Information Form (APH004-02F)

Retention: 1. Main Office/Health Room; 2. OSR; 3. School Medical Emergency File (1 Year)