



**ACCESSIBILITY:**

To request this file in large print, please email [aoda@wcdsb.ca](mailto:aoda@wcdsb.ca) or call (519) 578-3660.

**2025 – 2026**

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. 3-5					
Sept. 8-12					
Sept. 15-19					
Sept. 22-26					
Sept. 29-Oct. 3					
Oct. 6-10					
Oct. 13-17					
Oct. 20-24					
Oct. 27-31					
Nov. 3-7					
Nov. 10-14					
Nov. 17-21					
Nov. 24-28					
Dec. 1-5					
Dec. 8-12					
Dec. 15-19					
Dec. 22-26					
Dec. 29-Jan. 2					
Jan. 5-9					
Jan. 12-16					
Jan. 19-23					
Jan. 26-30					
Feb. 2-6					



<b>Week of:</b>	<b>Monday (Time/Initial)</b>	<b>Tuesday (Time/Initial)</b>	<b>Wednesday (Time/Initial)</b>	<b>Thursday (Time/Initial)</b>	<b>Friday (Time/Initial)</b>
Feb. 9–13					
Feb. 16–20					
Feb. 23–27					
Mar. 2–6					
Mar. 9–13					
Mar. 16–20					
Mar. 23–27					
Mar. 30–Apr. 3					
Apr. 6–10					
Apr. 13–17					
Apr. 20–24					
Apr. 27–May 1					
May 4–8					
May 11–15					
May 18–22					
May 25–29					
Jun. 1–5					
Jun. 8–12					
Jun. 15–19					
Jun. 22–26					

**Notice of Collection**

Personal information on this form is collected under the authority of sections 169.1(1)(a) and 265(1)(d) of the Education Act in accordance with section 28(2) of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Information on this form will be used for providing emergency medical treatment and will be kept in the school's Medical Emergency file, the OSR and provided to transportation service as required. Questions about the use of the form should be directed to the school principal. Questions about the collection, use, or disclosure of personal information on the form should be directed to the Privacy Officer at [privacy@wcdsb.ca](mailto:privacy@wcdsb.ca), or 519-580-3297, or 35 Weber St. W., Unit A, Kitchener, ON, N2H 3Z1.

**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)