Waterloo Catholic District School Board
Quality, Inclusive, Faith Based Education

MEDICATION LOG

ACCESSIBILITY:

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

2026 – 2027

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)
Aug. 31- Sept. 4					
Sept. 7–11					
Sept. 14–18					
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					

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Week of:	Monday (Time/Initial)	Tuesday (Time/Initial)	Wednesday (Time/Initial)	Thursday (Time/Initial)	Friday (Time/Initial)
Feb. 8–12					
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–Jul. 2					

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, 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)