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**Lloydminster Catholic School Division**  
**School Name**  
**RECORD OF HEALTH CARE INTERVENTIONS**

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_

Interventions \_\_\_\_\_ Start Date \_\_\_\_\_ Stop Date (if known) \_\_\_\_\_

Directions \_\_\_\_\_

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Date	Time	Comment/Description	Initial

**Directions:**

- Persons administering the procedure shall initial in space and include identifying signature at bottom of page only one time.
- This form shall be included in student's Health Services Plan.
- Additional comments should be entered on the back of the sheet.

Signature \_\_\_\_\_ Initials \_\_\_\_\_

Signature \_\_\_\_\_ Initials \_\_\_\_\_

Signature \_\_\_\_\_ Initials \_\_\_\_\_