



## ADMINISTRATION OF PRESCRIBED MEDICATION FORM

The South Slave Divisional Education Council acknowledges that certain students may require prescribed medication during the school day in order to function as near to their potential as possible. The School Principal shall designate an individual to administer prescribed medication provided school staff assistance is required in administering the medication and only if a parent or legal guardian of the student completes (and arranges for completion of) this form. A parent/guardian shall complete a new form each year and whenever the physician changes/renews the prescription.

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### **PART I: (to be completed by a parent or guardian)**

a) I request that the medication

\_\_\_\_\_ (name of medication)

be administered to

\_\_\_\_\_ (name of student)

for a period of

b) I will bring the medication to the school and meet with the principal.

c) I shall notify the school immediately if the medication is no longer required.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of Parent or Guardian)

\_\_\_\_\_  
(Signature of Parent or Guardian)



**ADMINISTRATION OF PRESCRIBED MEDICATION FORM (continued)**

**PART II: (to be completed by physician)**

Re: \_\_\_\_\_  
(name of student)

a) Specify the medication, dosage, frequency and the method of administration of this medication during the school day:

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b) I anticipate the child's reactions to the prescribed medication will be:

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\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of Physician)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Signature of Physician)

\_\_\_\_\_  
(Address)