

REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL FORM

Policy #325

A. TO BE COMPLETED BY PARENT OR GUARDIA	AN			
Name	Birthdate (Year, Month, Day)			
Parent or Guardian	Home Phone	Business Phone		
Physician	Phone			
PARENT/GUARDIAN : Attach a duplicate pharm prescribed and for which there are no changes in the "Request for Administration of Medication at School and S	the prescription ool Form".	n information last provided on a		
B. TO BE COMPLETED BY PRESCRIBING PHYSIC	CIAN FOR NEW	OR CHANGED PRESCRIPTIONS		
Conditions Which Make Medication Necessary				
If prescribing Epinephrine emergency medication, it must be a single dose, single-use auto-injector for a school setting. If parent/guardian has supplied a second injector, it can be given 10 – 15 minutes after the first, if symptoms have not improved or if symptoms recur. An oral antihistamine will not be administered by school personnel.				
Name of Medication Dosag	ge	Directions for Use		
1.				
2. 3.				
4.				
Additional Comments (possible Reactions, Consequences of Missing Medication, Etc.)				
	Physician's Signature			
	Date			

I request the school to give medication as prescribed above to my Child whose name is recorded below.				
Name of Child				
I will notify the School promptly of any changes in medications ordered				
Signature of Parent of Guardian				
Date				

C. TO BE COMPLETED BY PARENT OR GUARDIAN

D. EACH SCHOOL STAFF MEMBER WHO IS RESPONSIBLE FOR THE ADMINISTRATION OR SUPERVISION OF THE MEDICATION MUST REVIEW THE INFORMATION ON THIS FORM, THEN DATE AND SIGN BELOW

Date	Signature	Comments, If Any
		To expand table further, place cursor in this
		cell and press TAB key

The information on this form is collected under the authority of the School Act, section 79. The information will be used for educational program purposes and when required, may be provided to health services or other support services as outlined in section 79 (2) of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your school or to the Secretary-Treasurer, School District No. 67 (Okanagan Skaha), 425 Jermyn Avenue, Penticton, B. C. V2A 1Z4 (250) 770-7700.