

Administration of Prescribed Medication

ST - 7

Pine Creek School Division realizes that certain students may require prescribed medication during the school day. The Division will agree to give the medication provided that the school staff assistance is required and only if the parent(s) or legal guardian(s) of the student have this form completed and given to the school. A new form must be completed each school year and whenever the physician changes the prescription. This information should also be included on the school's TREVLAC/EIS information system.

Please note that the prescribing physician must fill out the reverse side of this form.

Section A: To be completed by Parent/Guardian

a. I request that the medication _____ be administered to
name of medication

_____, as outlined on the reverse

by _____,
name of student

Dr. _____
name of physician

b. I will be responsible to send/deliver the medication, in blister packs where available, to the school. If I am unable to do this personally, I designate the following person to deliver the medication to the school **Rev 24 Jun 03 (254)**

who and when

c. If the school has to call me because of some problem with the medication, try the following phone number(s):

If the school is unsuccessful in contacting me, here are two other people to call for advice:

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____

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

e. I hereby release the Division and its employees from any claims of liability resulting from administration of the medication.

date

signature of parent/guardian

Section B: To be completed by Physician

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Re: _____
name of student

a. Please identify:

1. Medication name _____

2. Dosage _____

3. Time(s) for medication to be administered during the school day _____

4. Route (method) of administration _____

b. The intent of this medication for this child is to _____

c. Are there any side effects or reactions which the school must watch for?

d. Any other information of which the school needs to be aware? _____

date

signature of physician

telephone

address

Section C: To be Completed by School Personnel

We have read the above information:

_____, Classroom Teacher

_____, Other staff, if applicable

_____, Principal

