

Form 316-2

ADMINISTRATION OF DAILY MEDICATION

Student: _____ D.O.B.: _____

Parent(s)/Guardian(s): _____

Telephone (Home): _____
(Work): _____

Address: _____

Emergency Contact: _____

Family Physician: _____ Telephone: _____

A) For medical condition requiring specific procedures requested to be performed by school personnel:

1. Describe condition: _____
2. Describe procedures in detail (use the back of the form if necessary):

3. Type of medication: (possible side effects)

B) For students requiring Daily Medication to be administered at school, the school must have the following:

1. A photocopy of the prescription indicating child's name, name of the medication, dosage and duration medication is required (or letter from physician indicating the above information).
2. Medication dispenser (not a pill bottle) with daily required dosage. No more than one month supply can be sent to school at one time.

Any request to change medication or dosage must be accompanied by a written request from a physician before any medication is dispensed at school.

I (we) hereby request and grant consent for the above mentioned task(s) to be performed by school personnel and further acknowledge that the teacher or other school division personnel are not trained medical personnel.

I (we) shall advise, in writing, the school of any changes in my child's condition which may affect services required at the school.

Signature(s): _____ Date: _____

Office Use Only:

Response to Request:
