



PRESCRIPTIVE MEDICATION

Request for Assistance with Medication

Student's Name:

School:

Date of Birth:

PHYSICIAN'S STATEMENT Physician's Name:

In my opinion, it is necessary that the following medication be administered during school hours:

Oral Medication Injected Medication Other Specify:

Name of Medication:

Purpose of Medication:

Dosage:

Expiry Date:

Frequency During School Hours:

Duration of Medication:

Anticipated Reaction to Medication:

If complications result,
what action should be taken?:

Is Medic Alert Bracelet or Necklace Worn: Yes No

Allergy Identification:

Is Allergy Life Threatening: Yes No

Date:

Physician's Signature

PARENT/GUARDIAN AUTHORIZATION

Name of Medication:

Prescription #:

I request and hereby give permission that my child, be assisted in taking the medication specified above using the procedure as outlined on the prescriptive above by my physician. I agree that it is my responsibility to furnish and deliver the medication, which shall be labeled with the names of my child and prescribing physician, and the name, dosage, frequency and duration of the medication. This request will expire with the prescription, on the last school day of June each year, or upon written request. I understand that any staff person involved in these procedures is acting "in loco parentis" and not as a health professional.

I prefer to provide the assistance in medication personally.

Date:

Signature of Parent/ Guardian

**PERSON ASSISTING in the
ADMINISTRATION OF MEDICATION**

I have agreed to assist in the administration of the Prescriptive Medication as herein requested by the parent and prescribed by the physician, and to maintain a log of such assistances. I also understand that I am assisting in administering this medication under the principle of "in loco parentis", and not as a health professional. I am aware of the potentially severe nature and proper treatment of the medical condition.

Date: _____
....."Signature of Parent Assisting in Medication

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....."F c v g < "U k i p c w t g " q h C n g t p c v g "

APPROVAL SECTION (valid until end of current school year)

- Approved
- Not Approved

Date:

Reason for Non-Approval:

Date: _____
Principal's Signature