



St. James-Assiniboia School Division

Administration of Prescribed Medication

The St. James-Assiniboia School Division acknowledges the fact that certain students may require prescribed medication during the school day in order to function as near to their potential as possible. The Division will attend to the administering of prescribed medication provided that school staff assistance is required in administering the medication and only if the parent(s) or legal guardian(s) of the student complete (and arrange for completion of) this form. Parent(s) shall complete a new form each school year and/or whenever the physician changes the prescription.

PART I – TO BE COMPLETED BY THE PARENT OR GUARDIAN

a) I request that the medication _____ be administered to:

_____ Born: _____
(Name of Student)

b) The reason for the medication is: _____

c) The medication will be delivered to the school by: _____
(Name of adult)

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

e) In the event of problems administering the medication and I cannot be reached please contact:

(Name)
() - _____
(Phone Number)

f) Our Manitoba Health Commission Number is: _____

g) I hereby certify that the first **24 hours** of the medication was given at home and was well-tolerated.

h) Our Family Physician is:

Name: _____
Address: _____
Phone: () - _____

- i) Pharmacy Information.
The prescription was filled at the:

Pharmacy: _____

Address: _____

Phone: () - _____

I hereby certify that the above information is correct.

(Signature of Parent or Guardian)

Address: _____

Phone: () - / () - _____

Date: _____

*(**Continued on next page – Part 2 – to be completed by Prescribing Physician)*

PART II – TO BE COMPLETED BY THE PRESCRIBING PHYSICIAN

Re: _____
(Name of Student)

A) Please attach a copy of the prescription and recommended dosage or write same in the following space:

B) Specify the frequency and the method of administration of this medication during the school day:

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

Potential Side-effects:

D) Special storage instructions, if any:

Physician's Signature

Date

APPROVED June 22, 2004 Motion #16-03-04