SOOKE SCHOOLS 62
Shaping Tomorrow Today

A) PARENT/GUARDIAN – COMPLETE AND SIGN

STUDENT'S NAME (Last, First)	**DOB** (Day/Mo/Year)	
MEDICAL CONDITION ❑ **Blood Clotting Disorder** ☐ **Heart Condition** ☐ **Severe Asthma** ❑ **Other:** _____ **For Diabetes, Seizure and Anaphylaxis medication, please use specific forms as indicated in Appendix D,E &F**		
PHYSICIAN	**PHONE**	**PHN/CARE CARD NUMBER**
PARENT/GUARDIAN	**DAYTIME PHONE** **CELL PHONE**	**EMAIL ADDRESS**
I request the school to give medication as prescribed to my child. I understand I must provide the medication in a sealed original container that is clearly labelled. I will notify the school promptly of any changes in medications ordered.		
SIGNATURE OF PARENT/GUARDIAN	**DATE** (Day/Mo/Year)	

B) PHYSICIAN – COMPLETE AND SIGN

CONDITION(S) WHICH MAKE MEDICATION NECESSARY:

NOTE:

- **Epi Pen is the only medication school staff will administer for anaphylactic reactions as per School Anaphylaxis Policy. Please see Form D1.**
- **Staff may only administer student medication that has been prescribed by a physician; staff shall not administer non-prescribed medication. (Policy)**

NAME OF MEDICATION	DOSAGE	DIRECTIONS FOR USE
1)		
2)		
3)		
ADDITIONAL COMMENTS, POSSIBLE REACTIONS, CONSEQUENCES OF MISSING MEDICATION, ETC.		
SIGNATURE OF PHYSICIAN		**DATE** (Day/Mo/Year)

C) ALL STAFF RESPONSIBLE FOR ADMINISTRATION/SUPERVISION OF MEDICATION– REVIEW AND SIGN

NAME	SIGNATURE	**DATE** (Day/Mo/Year)

This information is subject to and protected by the Freedom of Information and Protection of Privacy Act.

Instructions for Parents Completing Medication Administration Form

If your child requires medication to be supervised or administered by school staff for at least one month or medication in an emergency, you and your doctor must complete the attached form. No medications will be given to your child without a signed medication administration form.

Parent/Legal Guardian:

- **Complete and sign <u>Section A</u>** of the *Medication Administration Form* and return the card to the school prior to school starting in September or when your child is started on a medication.

- **Have your family doctor complete and sign <u>Section B</u>** of the *Medication Administration Form*. Your doctor needs to clearly state the medical condition, the name of the medication, the amount of medication to be given, how often it is to be given, consequences of a missed dose, important side effects and/or drug reactions.

- **Provide the medication in its original container** clearly labelled with:

    - Child's name
    - Medication name
    - Dosage
    - Expiry date

Ask your pharmacist for an extra labelled container for prescription medications (so you can supply one for school use) and an accurate measuring spoon or cup for liquid medications.

The school principal will be informed of the medication to be administered and will discuss this with school staff. The school's Public Health Nurse is available for consultation if there are any questions about the medication.