



**DEPARTMENT OF HEALTH
ADMINISTRATION OF MEDICATION FORM IN SCHOOLS**

The policy regarding the administration of medication in schools, issued by the Chief Medical Officer, has been circulated to all Government schools and preschools. Note that only medications ordered by a physician may be administered.

- This authorization form must be completed in all cases where medication is administered in school.
- A separate form for each medication should be completed and duly signed.
- Documentation of parental permission and physician's order must be attached.

Student Information						
Last Name			First Name			Sex Male <input type="radio"/> Female <input type="radio"/>
Birthdate	Day	Month	Year	Age	School	School Year
Parent/Guardian		Telephone (H)		Telephone (W)		Emergency Contact Number

Medication Information					
Medications	Route	Dose	Frequency	Start Date	Finish Date
1.					
2.					
3.					
Possible Side Effects					
Reasons for Medication					

Physician's Name	Physician's Signature	Telephone	Pager
Address			

- Child may self administer medication
- Child requires supervision to administer medication
- Child should have medication administered by an authorized person

I hereby give consent for _____ or _____ to administer medication as prescribed by my child's physician at school.

Parent/Guardian Signature _____ Date _____

Principal Signature _____ Date _____

This has been reviewed by the Community Health Nurse.	
Signature _____	Date _____

ALL AUTHORIZATIONS EXPIRE AT THE END OF THE SCHOOL YEAR