

AP 2-334 – AUTHORIZATION TO ADMINISTER MEDICATION (PRESCRIBED OR OVER THE COUNTER)

- The school requires you to complete this form and return it to the school before any medication can be administered to your child.
- The medication must be in the original pharmacy container.
- A new form must be completed each year or if there is a change in the medication.

Date:			
PERSONAL INFORMATION			
Student Name		Birth date//	
Student Manitoba Health Number #		Personal #	
Parent/Guardian Name			
Home Phone #	Work Phone #	Cellular Phone #	
Emergency Contact		Emergency Contact #	
MEDICATION INFORMATION			
Name of prescribing physician (if app	olicable)	Phone #	
Name and dosage of medication			
Start Date//	on during the school day	ronchodilators. End Date//	
Diagnosis and/or reason for medication			
Side effects to watch for and actions required if these side effects are observed			
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PARENT/GUARDIAN AUTHORIZATION

I have read the Western School Division Administration of Medication Procedure (AP 2-333) and I understand that:

- (a) Failure to comply with the procedures outlined in this policy will result in the refusal by divisional staff to administer medication or for the student to remain at home for the duration of the medication period.
- (b) The parent must deliver the child's medication to the school or have it delivered by the pharmacy in the original pharmacy container, and in the proper dosage.
- (c) If pills are to be taken in a dosage of less than one pill, they are to be cut to the appropriate size before coming to school.
- (d) Liquid medication is to be accompanied by a measuring device which will provide the exact dosage.
- (e) Due to the fact any reaction to a new medication usually occurs the first time it is taken, the first dosage of new medication will not be administered at the school (with the exception of adrenaline auto-injectors).
- (f) It is the responsibility of the parent/guardian to notify the school in writing (AP 2-334) of any changes in dosage or time of administration of medication.
- (g) Adrenaline auto-injectors and bronchodilators shall be carried at all times on the person of the student or the adult responsible for administering the medication.
- (h) Parents are responsible for ensuring that their child is trained in the use of the adrenaline auto-injectors or bronchodilators.
- (i) Parents/guardians are responsible to keep prescriptions up to date.

I hereby authorize the administration of (name of medication) as prescribed by Dr	
Signature of Parent/Guardian	Date

This authorization automatically terminates on June 30th of the current year or upon change in medication (with exception of urgently required medications such as adrenaline auto-injectors or bronchodilators).

Adopted: February, 2004

Revised: October, 2017; September 2019