



School District #53
(Okanagan Similkameen)

REQUEST FOR ADMINISTRATION
OF MEDICATION AT SCHOOL FORM

A. TO BE COMPLETED BY PARENT OR GUARDIAN

Name	Birth date (Year, Month, Day)	
Parent or Guardian	Home Phone	Business Phone
Physician	Phone	

B. TO BE COMPLETED BY PRESCRIBING PHYSICIAN
(For Conditions Which Make Medication Necessary)

Name of Medication	Dosage	Directions For Use
1.		
2.		
3.		
4.		
5.		
Additional Comments (possible Reactions, Consequences of Missing Medication, etc.) If prescribing epinephrine, emergency medication must be a single dose, single-use auto-injector for the school setting with a second injector that can be given 10-15 minutes later if symptoms do not improve. Oral antihistamine will not be administered by school personnel in emergency situations.		<hr/> Physician's Signature <hr/> Date

C. TO BE COMPLETED BY PARENT OR GUARDIAN

I request the school to give medication as prescribed on this form to my child whose name is recorded below.

Name of Child

I will notify the school promptly of any changes in medications ordered.

Signature of Parent or Guardian

Date



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D. EACH SCHOOL STAFF MEMBER WHO IS RESPONSIBLE FOR THE ADMINISTRATION OR SUPERVISION OF THE MEDICATION MUST REVIEW THE INFORMATION ON THIS CARD THEN DATE AND SIGN BELOW

Date	Signature	Comments, if any

Location of medication _____ expiry date: _____

Additional Information:

ANNUALLY:

After initial diagnosis and medication prescription - if - "no change" is required, please sign below

Signature of Parent or Guardian

Date:

The information on this form is collected under the authority of the School Act. The information will be used for educational program purposes and when required, may be provided to health services, social services or other support services as outlined in section 88 and 91 of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your school or to the Secretary Treasurer, School District No. 53 (Okanagan Similkameen), 6161 Okanagan St. Oliver, BC V0H 1T0, (250)498-3481