

212(A) Students AP -- Administering Medication to Students (Form)

I hereby request and give permission for the school to administer medication prescribed to my child. I make this request with the knowledge that school personnel have no formal training, or limited training in administering medication. Parent(s)/guardian(s) are responsible for informing the school of any changes. In addition, I accept responsibility to ensure the safe transportation of all medication to and from school. I hereby acknowledge that at my request the principal and/or a delegate, has been authorized to administer the prescribed medication.

Name of Student: _____

Date of Birth: _____

School: _____

Teacher/Class: _____

Home Address: _____

Parent/Guardian Name: _____

**Parent/Guardian
Phone Number:** _____

Name/Type of Medication: _____

Details for Administering: _____

Prescribed Dosage: _____

Frequency of Dosage: _____

Starting Date: _____

Completion Date: _____

Time(s) of Administration: _____

Emergency Contact Information: _____

Physician/Pharmacist Name: _____

Physician/Pharmacist Signature: _____

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Person administering medication: _____

Signature: _____

Alternate: _____

The above information has been reviewed and verified, I hereby release the principal and/or designate from any claim of harmful effects resulting from the administration of the prescribed medication, as well as agree to indemnify and save harmless Prairie Rose Public Schools from all claims that may be made. I have received a copy of the Boards procedure A204 – Administering Medication and agree to follow the procedure.

School Principal Signature: _____

Parent/Guardian Signature: _____

Alberta Social Services Representative or Official Signature required in the case of fostering.