

**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.