



Parental Permission To Administer Medication

Student Information

Student's name: _____ Birthday _____
mm/dd/yyyy

Grade: _____ Teacher/Home Room: _____ Alberta Health Care #: _____

Student Home Address: _____

Contact Information

Mother Home:	Mother Work	Mother Cell:
Father Home:	Father Work:	Father Cell:

Medical Information

Medication (name) _____

Amount of medication sent to school _____

Dosage to be given _____

Frequency (specific time of day) _____

Duration (daily): From _____ To _____

Anticipated reaction (symptoms/side effects) _____

Emergency procedure in event of reaction _____

Name/Phone # of attending physician in event of emergency _____

Parent's Request and Approval

I hereby request and give my permission to the above school to administer medication (including EPI-Pen, transportation to the hospital, and medical treatment at hospital for life threatening allergies) prescribed on this form to my child. I agree to supply the medication *in its original container* which identifies the owner and contents, and understand that if my child requires an EPI-Pen in the event of an emergent reaction, I will provide my child with an EPI-Pen that can be carried with him/her at all times. I also understand that I will replenish needed medical supplies when necessary without contact by the school.

Signature of Parent/Guardian: _____ Date Signed: _____