



REQUEST FOR ADMINISTRATION OF MEDICATION/MEDICAL TREATMENT

Used as per:
Admin. Procedure 316 (Appendix A, B C, D and E)

(Retain copy of Page 1 and Page 3 in Emergency File to accompany student on all field trips.)

The following information will be used for the purposes of responding to the medical needs of your child. (All information should be printed)

Student's Name: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____ Principal: _____

Parent/Guardian Name: _____

Address: _____

Telephone: Home _____ Day No. (Mother) _____ Day No. (Father) _____

Other Emergency Family Contact: Name: _____

Telephone: _____ Relationship: _____

Alberta Personal Health Care Number (optional): _____

MEDICAL INFORMATION

1. Medical intervention which is being requested of school staff (Please check)
 - Medication administration
 - Life-threatening allergic reaction to _____
 - Medical Procedure: _____
2. Purpose of Intervention: _____
3. Medical Profile (please include all medications your child takes - attach list if necessary)

Name of Medication	Dosage	Time(s) of Day	Start Date Year/month/day	End Date Year/month/day	Symptoms: Reactions/Side effects

4. Student is able to self-administer: Yes No
5. Special Storage Information: _____
6. Emergency procedure in event of reaction: _____
7. Designate medical facility/hospital in the event of an emergency: _____

Physician Name: _____ Physician's Telephone: _____

I am providing this information to assist in responding appropriately to the medical needs of my child during school hours. This information will be shared with school and bus transportation staff on a need to know basis.

(Parent/Guardian Signature)

(Date)

