Medication Administration Parent/Guardian Request Form

Where a student needs to have prescription or over-the-counter medication(s) administered during program hours or while on an off-site activity, it is important that the teacher/leader assuming this responsibility has all the information to do or supervise this task. The following is a sample of a form that could be used for this purpose.

Comox Valley Schools A Community of Learners INNOVATIVE • INQUISITIVE • INCLUSIVE	**MEDICATION ADMINISTRATION** **PARENT/GUARDIAN REQUEST**	School Name:

Where your child/ward needs to take or have administered a prescription or non-prescription drug during program hours or while on an off-site experience, it is important that the teacher/leader or volunteer who will be managing this has sufficient information to do the job in a timely and safe manner. To that end, please complete this form and submit it to the teacher/leader or designate.

Student Name		
Parent/Guardian Name		
Day Phone No.	*Evening Phone No.*	*Cell*

I hereby request and consent to the (name of board/school authority) administering or supervising the self-administration by my child/ward, the following medication(s).

Name of Medication			
Can the child self-administer the medication? ☐ Yes ☐ No			
Dosage (Amount to be Administered)			
Date(s) (yyyy/mm/dd)			
Time(s)			
Medication Storage Requirements			
Special Instructions			
Potential Side Effects			
Treatment of Side Effects			

NOTES:
Where medications need to be taken during a program or off-site activity, they must be brought in their original labeled container. If the child is under 15 years of age, the medication must be given to the teacher/leader or designate, or the child must have written permission to carry and administer his or her own medications.

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If the child is to keep the medication on their person (e.g., inhaler, EpiPen), is should be carried in a fanny pack or secure pocket for quick access.

Where staff or volunteers assume responsibility for storing a student's medications during a program or off-site experience, all remaining medication will be returned to the student or the parent/guardian at the end of the program.

Parent/Guardian Signature	*Date (yyyy/mm/dd)*

Personal information contained on this form is collected under the authority of the School Act for the purpose of participating in school trips. If you have any questions about this form, please contact your school administrator.