

PRESCRIPTION MEDICATION ADMINISTRATION FORM

Selkirk Montessori School – 2970 Jutland Rd. E. Victoria, BC V8T 5K2

PARENT /GUARDIAN – Please complete, sign and have physician sign then return form to the office.

Student Name: _____ Date of Birth (d/m/y) _____
 Care Card Number: _____
 Physician Name: _____ Phone # _____

Medical Condition, please ✓

Anaphylaxis _____ Blood Clotting Disorder _____ Diabetes _____ Heart Condition _____
 Seizure Disorder _____ Asthma _____ Other _____

Mother’s Name: _____ Daytime Phone: _____
 Cell Phone: _____ Home Phone: _____ Email: _____

Father’s Name: _____ Daytime Phone: _____
 Cell Phone: _____ Home Phone: _____ Email: _____

I request the school to give medication as prescribed by the physician to my child. I understand I must provide the medication in a sealed original container that is clearly labeled with my child’s name and dosage. I will notify the school promptly of any changes in medications ordered.

Signature of Parent/Guardian: _____ **Date:** _____

Physician – Complete and Sign

Condition(s) which make medication necessary:

Note:

- Epi -Pen is the only medication school staff will administer for anaphylactic reactions as per School Anaphylaxis Policy
- Staff may only administer student medication that has been prescribed by the physician; staff shall not administer non prescribed medication. The only time this may happen is if a Non Prescription Medication Administration Form has been completed, parental consent and medication has been provided. The school does not have any extra medications on the premises.

Name of Medication	Dosage	Directions for use
Additional comments, possible reactions, consequences of missing medications etc.		
Physician’s Signature:		Date: (d/m/y)

Staff responsible for administration/ supervision of medication – Review and Sign

Name	Signature	Date (D/M/Y)

Instructions for PARENTS Completing the Medication Administration Form

If your child requires medication to be supervised or administered by school staff or medication in an emergency e.g. EpiPen/Allerject, you and your doctor must complete this form. NO medications will be given to your child without a signed medication administration form.

PARENT/LEGAL GUARDIAN:

Have your family doctor complete and sign the second section of the Medication Administration Form. Your Doctor needs to clearly state the medical condition, the name of the medication, the amount of medication to be given, how often it is to be given, consequences of missed doses, important side effects and/or drug reactions.

Provide the medication in its original container clearly labeled with:

Child's name, medication name, dosage, and expiry date.

Ask your pharmacist for an extra labeled container for prescription medications (so you supply one for school use) and an accurate measuring spoon or cup for liquid medications.

The school administration will be informed of the medication to be administered and will discuss this with school staff. Expect the classroom teachers to discuss with you at your initial parent meeting. Any further questions please contact Linda at office@selkirkmontessori.ca. Thank you.