

To be filed in school's Records Centre, SI-02-04.

Student's Name:
Name of Medication:
Purpose of Medication:
Amount to be Administered:
Administration Time:
Possible Side Effects:
Storage Instructions:
Termination Date for Administration of Medication:
Student's Ability to Self-Administer:
<p>I confirm that I have the authority to sign this consent and will inform any other parent or guardian of the contents of this consent and the fact it has been signed.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>

Notes:

- Contact parent if extra dose is required (i.e. student forgot to take morning dose at home.)
- All medication should be kept in an appropriately secure manner
- Principal must review and initial the Non-Prescription Medication Administration Record on a regular basis.

NON-PRESCRIPTION MEDICATION ADMINISTRATION LOG

Date & Time Administered	Medication	Dosage	Initials

The personal information collected on this form is for the purpose of education program administration and providing emergency medical assistance to students. This collection is authorized by section 4(c) of the Alberta Protection of Privacy Act, the Education Act, the Student Record Regulation, the Emergency Medical Aid Act, and the Protection of Students with Life-Threatening Allergies Act. For questions about the collection of personal information, please contact the Principal of the school or the ATI Coordinator at (780) 532-8133.

Peace Wapiti Public School Division
Policy IHCD –Administration of Medical Assistance
Exhibit 3 – Administering Non-Prescription Medication to Students
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