

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

Any personal information provided on this form and supporting documentation are collected under the authorization of the Education Act, the Student Record Regulation, and Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act (FOIP) for the purpose of education program administration. If you have questions about the collection and use of this information, please contact the Principal of the school or the FOIP 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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