



# WETASKIWIN REGIONAL PUBLIC SCHOOLS

*"Inspiring students to become the best they can be."*

FORM 315-1

## AUTHORIZATION FOR ADMINISTERING PHYSICIAN PRESCRIBED MEDICATIONS

Parent must complete this form for any medication to be dispensed in school.

School: \_\_\_\_\_  
 Student Name: \_\_\_\_\_  
 Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### TO BE COMPLETED IN CONSULTATION WITH FAMILY PHYSICIAN:

Name of Medication: \_\_\_\_\_ Possible Side Effects: \_\_\_\_\_  
 Possible Side Effects: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
 Date Ordered: \_\_\_\_\_

Type of medication: tablet  liquid  capsule  drops  inhaler  or Epipen Auto injector

Refrigeration: Yes  No

Directions for Administration of Medication: \_\_\_\_\_

Dose, Frequency & Time: \_\_\_\_\_

Special Considerations: \_\_\_\_\_

Safety Precautions for Staff Administering: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Possible Side Effects: \_\_\_\_\_  
 Possible Side Effects: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
 Date Ordered: \_\_\_\_\_

Type of medication: tablet  liquid  capsule  drops  inhaler  or Epipen Auto injector

Refrigeration: Yes  No

Directions for Administration of Medication: \_\_\_\_\_

Dose, Frequency & Time: \_\_\_\_\_

Special Considerations: \_\_\_\_\_

Safety Precautions for Staff Administering: \_\_\_\_\_

**Options for Medication Administration (Check One):**

- Self – administration (unsupervised) as instructed by physician and parent
- Self – administration (supervised by principal’s designee) as instructed by parent
- Student should have permission to carry emergency medication on their person (Asthma, anaphylaxis – severe allergy attacks)
- Supervised administration (supervised by principal’s designee)

Physician’s Name (Print): \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* Parent / Guardian Permission**

- I request and give my permission to the School Principal or designee to administer the above medication(s) to my child \_\_\_\_\_.
- It is understood that Wetaskiwin Regional Public Schools and the persons in its employ are absolved of all responsibility and liability relevant to this medication administration.
- I give permission for the principal to share with appropriate personnel information relative to the prescribed medicine administration as he/she determines necessary for my child’s health and safety.
- I understand that I can retrieve the medication from the school at any time and that all medication must be picked up before the last day of school or following the termination of this order. If not picked up, all medication will be returned to the nearest pharmacy for proper disposal.
- I will provide the school with a written, revised statement signed by the physician if the information concerning the above prescription medication should change.
- In the event of our child experiencing anaphylactic medical emergency, I consent to the injection of epinephrine.
- I understand that in the event of our/my child experiencing a medical emergency, he/she will be transported to the hospital.

Parent/Guardian Signature: \_\_\_\_\_ Phone: \_\_\_\_\_  
Administrator (or Designee) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***NOTE: Please return this completed form directly to the school or fax to 780-352-7886 and it will be directed to the applicable school.***

The *Freedom of Information and Protection of Privacy Act (FOIP Act)*, which came into effect for School Boards on September 1, 1998, sets controls and standards on how public bodies, such as school boards, collect, use and disclose personal information that is in their custody and under their control. Any personal information you do provide is protected under Alberta’s *Freedom of Information and Protection of Privacy Act* and will only be used for purpose for which it was collected.

If you have any questions about the collection, use or disclosure of information collected on this form, please contact the **WRPS FOIP Coordinator at 5515-47A Ave, Wetaskiwin, AB, T9A 3L6**. The phone number is (780)352-6018 and the fax is (780)352-7886.