

Riverdale

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Phone: 780-425-7600

School Fax: 780-423-2799

Principal: Cynthia Kelly

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AUTHORIZATION FORM FOR THE ADMINISTRATION OF NON-PRESCRIPTION MEDICATION

Student's name:

Grade:

Address:

Date: _____

Phone: _____

PARENT/GUARDIAN'S INSTRUCTIONS:

Medication required (name/type) _____ Dosage: _____

Schedule for dispensing the medication *on a regular basis*: _____

_____ **OPTION 1:** The medication indicated above is to be administered by school personnel in the dosage indicated at the scheduled times listed above on all days the student is scheduled to be at school.

_____ **OPTION 2:** I request that the student named above be allowed to self administer the medication indicated above.

In the event that the medication must be administered on an emergency basis, the following procedures should be followed.

The possible hazards or side effects of this medication: _____

In the event that such hazards or side effects materialize, the following steps should be taken:

I will notify the school in writing of any required change in the above instructions.

Parent/Guardian Name: _____ Signature: _____

Phone: _____ Cell _____

PARENT/GUARDIAN REQUEST AND RELEASE FORM:

As parent(s) or guardian(s) of the child listed above, I/we request and authorize personnel employed by the Edmonton School District #7 to provide medication to the student or allow self administration in accordance with the instructions above. I/we will advise the school if any change in instructions is required. I/we have read, understood, and accept my/our responsibilities as outlined in the document entitled *Outline of Responsibilities Regarding "Authorization Form for the Administration of Non-Prescription Medication"*.

Dated at the City of Edmonton, in the Province of Alberta, this _____ day of _____, 20__

Name: _____ Name: _____

Signature: _____ Signature: _____