Riverdale

8901 101 Ave NW Edmonton, Alberta T5H 0B1

Phone: 780-425-7600 School Fax: 780-423-2799

Principal: Cynthia Kelly Email: riverdale@epsb.ca

AUTHORIZATION FORM FOR THE ADMINISTRATION OF PRESCRIPTION MEDICATION

Student's name: **Grade:**

Address: **Date:** ____________________

Phone:

PRESCRIBER'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 concur with the parental 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.

Prescriber's Name: ___________________________ Signature: ________________________

Prescriber's Address: _________________________ Phone: _________________________

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 prescriber's 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 Prescription Medication"*.

Dated at the City of Edmonton, in the Province of Alberta, this ________ day of ______, 20___

Name: ________________________________ Name: __________________________________

Signature: _____________________________ Signature: _______________________________