



SEVEN OAKS  
SCHOOL DIVISION  
*community begins here*

Appendix 1  
**SEVEN OAKS SCHOOL DIVISION**  
**Administration of Prescribed Medication**

Date: \_\_\_\_\_

School: \_\_\_\_\_

**I hereby request and authorize that my child be given, at school, the medication listed below. Such medication is to be given by the principal and/or designate.**

Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_

Room #: \_\_\_\_\_

Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time(s): \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Contact – Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

The first dose has been administered and well-tolerated at home: \_\_\_\_\_

**Please Note:**

- The original container from the pharmacy must be supplied with the original label listing the student's name, the name of the medication, the dosage and the time of day it is to be given.
- It is the responsibility of the parent/guardian to deliver the medication safely to the school office.
- The medication will be kept in a safe place in the school and administered by the principal and/or designate.
- The student's picture may be posted for staff reference in the area where medication is administered.
- Unused medication will be disposed of after sixty (60) days if not picked up by parent(s) as per Policy JGCD.

\_\_\_\_\_  
Parent/Guardian Signature

Phone #:

\_\_\_\_\_ (home)

\_\_\_\_\_ (work)

\_\_\_\_\_ (cell/pager)