



Administering Prescription Medication to Students

STUDENT'S NAME		DATE OF BIRTH	
SCHOOL		GRADE	DATE
NAME OF MEDICATION		NAME OF PHYSICIAN	
PRESCRIPTION START DATE		PRESCRIPTION END DATE (write "continued" if no end date)	
ATTACH PHYSICIAN'S INSTRUCTIONS			

Administered By

PRIMARY PERSON
ALTERNATE PERSON

I have received and read a copy of Administrative Procedure 314 for Golden Hills School Division.

I agree that the school may administer prescription medication as set out on this form.

 Date

 Parent/Guardian's Signature