Conseil scolaire francophone de la Colombie-Britannique (CSF)
(Francophone Education Authority)
SECTEUR DES RESSOURCES HUMAINES / HUMAN RESOURCES
180-10200 Shellbridge Way, Richmond (C.-B.) V6X 2W7
Téléphone : .604.214.2621 / Télécopieur : 604.214.4474
Sans frais : 1.888.715.2200, poste 2621

REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL

A. This section to be completed by parent / guardian.

Pupil's Name: _____ School : _____

Birth date : _____

Address : _____

Parent/Guardian name : _____

Phone : _____(Home) _____(Work)

Other person to contact in case of emergency : _____

Phone : _____

B. This section to be completed by prescribing physician.

Physician name : _____ Phone : _____

Condition(s) which make medication necessary : _____

_____

Medication required : _____

Dose : _____ Expiration date : _____

Directions for use : _____

Any additional comments (ex: possible reactions) :

_____

_____

_____ _____ _____

Date Name (written letters) Physician signature

C. This section to be completed by parent / guardian.

I authorize the school staff to give medication as prescribed on this form to my child.

If this medication is for daily use, I agree to supply the medication to the school in unit doses.

_____ _____ _____

Date Name (written letters) Parent / guardian signature

D. To be completed by Public Health Nurse or, if none assigned, the school principal.

_____

_____

_____ _____

Date of Initial Review Signature of Public health Nurse or school principal

<u>Note</u>: This form is valid for one (1) year only and must be completed each year.