See Appendix M for Medical Information Form (Trips)

APPENDIX E DISPENSING

DISPENSING MEDICATION PERMISSION FORM (SCHOOL)

NAME OF SCHOOL		
1. TO BE COMPLETED BY PARENT OR GUARDIAN		
Student's Name	Grade	Birthdate
Parent or Guardian	Home Phone#	Cell #
Physician	Phone #	

2. TO BE COMPLETED BY PRESCRIBING PHYSICIAN			
CONDITIONS	**MEDICATION**	**DOSAGE** Mg/ml (# of tabs.tsp)	**DIRECTIONS FOR USE**
1.			
2.			
3.			
ADDITIONAL COMMENTS e.g. possible reactions, consequences of missing medication, etc			
Date	Physician's Signature		

3. TO BE COMPLETED BY PARENT OR GUARDIAN	
1. I request the school to give medication as prescribed on this form to my child whose name is noted above. **2. I will notify the school promptly of any changes in medications ordered.**	
Date	Signature of Parent/Guardian

3. EACH SCHOOL STAFF MEMBER WHO IS RESPONSIBLE FOR THE ADMINISTRATION OR SUPERVISION OF THE MEDICATION MUST REVIEW THE INFORMATION ON THIS FORM, THEN DATE AND SIGN BELOW	
Date	Signature
Date	Signature
Date	Signature
Date	Signature

OKANAGAN CHRISTIAN SCHOOL