

AUTHORIZATION TO DISTRIBUTE MEDICATION

School staff will not be able to distribute **prescription** medication to students unless parents or legal guardians have filled out and signed the present form.

Let us specify that the distribution of medication in no way entails the obligation on the part of the staff to make a diagnosis, record observations or write a report.

The information written by the pharmacist on the label identifying the medication is proof of the authorization provided by those prescribing the medication. It is therefore important to always provide the medication in the original container bearing the child's name.

The label must show the child's name, the doctor's name, the name of the medication, its expiry date, the dosage and the duration of treatment.

If your child needs an EPIPEN, please fill out the appropriate form, available at the school.

Distributing medication at school is an exceptional measure

AUTHORIZATION TO DISTRIBUTE MEDICATION (PLEASE write in block letters)

I authorize a member of the school's staff to distribute the following medication to my child according to the indicated dosage:

Child's last name: _____ First name: _____ Class: _____

From: _____ to: _____ Year: _____

Name of the medication: _____

Dosage (dose and intervals): _____
(See pharmacist's label, as needed)

Time at which the medication must be taken (e.g.: with meals, hour of day), if the medication must be taken as needed (upon the appearance of symptoms), specify when to give it:

Means of distribution: Inhalation (pump): _____ Oral: _____ Cutaneous: _____

Does the medication have to be refrigerated?: Yes: _____ No: _____

Foreseeable serious adverse reactions: _____

Signature of the parent or legal guardian: _____

Telephone number of the parent or legal guardian: _____

Telephone number in case of an emergency: _____

Relationship with the child: _____ Date : _____

Inform the school whenever the prescription is changed or refilled.