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### PERMISSION TO DISPENSE MEDICATION IN SCHOOL

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Teacher \_\_\_\_\_  
MM DD YYYY

Dear Parent/ Guardian,

In order to give your child the medication as requested and supplied by you, the following must be provided:

- A written order from the doctor which includes (MEDICATION NAME, DOSE, TIME TO BE GIVEN AND DOCTOR'S SIGNATURE). The physician may fax the medication order to the school.
- This permission form completed and signed by parent/guardian
- Medication in its original prescription bottle from the pharmacy

MEDICATIONS CANNOT BE DISPENSED IN SCHOOL WITHOUT ALL OF THE ABOVE ITEMS

**Please complete this form and return to the office.**

You have my permission to give \_\_\_\_\_ medication in school.

(Student's Name)

**Name of Medication**

**Dose**

**Time to be given**

Name of Medication	Dose	Time to be given
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for taking medication(s) \_\_\_\_\_

Medication was prescribed by: \_\_\_\_\_ (Physician's Name)

Emergency Contact Person's name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relation: \_\_\_\_\_

\_\_\_\_\_  
(PARENT/ GUARDIAN SIGNATURE)

\_\_\_\_\_  
(DATE)