



Turtle River School Division - Administrative Procedure

Section D – Student Services Administration of Medication

Turtle River School Division – Parent's Request to Administer Medication

1. Name of child: _____ Grade: _____

2. Date of Birth: _____ Teacher: _____

3. MHSC#: _____

4. Parents/Guardians:

Address (if different from above):

Work Phone Number: _____

Home Phone Number: _____

5. Emergency contact person during school hours:

_____ Phone: _____

Alternate emergency contact person:

_____ Phone: _____

6. Prescribing Physician: _____

Phone: _____ Office Address: _____

8. Dispensing Pharmacy: _____

Phone: _____ Address: _____

9. Name(s) of Medication(s):

10. Dosage and method of administration:

Board Informed:	Last Reviewed:	Last Revision:
February 13, 2024		



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11. Time of administration during child's attendance in school:

12. Start date of medication:

13. Stop date of medication (if applicable):

14. Confirmation that the first dose was administered at home or hospital:

15. Statement that the first dose was well tolerated by the child:

16. Storage requirements, if any:

17. Description of side effects:

18. Response to side effects:

• Note: Medication must be in original pharmacy labeled container.

Signature

Date

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