



SUDBURY CATHOLIC DISTRICT SCHOOL BOARD

165A D'YOUVILLE STREET, SUDBURY, ONTARIO P3C 5E7 tel. (705) 673-5620 fax (705) 673-6670
http://www.scdsb.edu.on.ca

ADMINISTRATION OF MEDICATION TO STUDENTS

Student: _____ Date of Birth: _____

School: _____ Grade: _____ Date: _____

Medication (by name): _____

Dosage: _____

Frequency and time: _____

Method of administration: _____

Date medication is to be given: _____ To: _____

Storage requirements: _____

Possible side effects: _____

Emergency medical treatment: _____

Emergency medical treatment telephone number: _____

Physician's name: _____ Telephone number: _____

Parent's name: _____ Telephone number: _____

Physician's Signature _____ Date

Parent's Signature _____ Date

NOTE:

- C The staff member must agree to be of assistance and have been given appropriate instruction/training by a qualified person which may include the parent.
- C Medication should be returned to the parent or guardian upon their request or when the school is closed for Christmas vacation, winter break, summer vacation and other periods of school closure.

RE: Policy 5415 (1985/09/01)

(over)

