



## Turtle River School Division - Administrative Procedure

### Section B – Student Services Parent's Request to Administer 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): \_\_\_\_\_

Board Informed:	Last Reviewed:	Last Revision:
February 11, 2025		



## Turtle River School Division - Administrative Procedure

### Section B – Student Services Parent's Request to Administer Medication

**10. Dosage and method of administration:**

---

---

**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**

Page 2 of 2

Board Informed:	Last Reviewed:	Last Revision:
February 11, 2025		