



MEDICATION INFORMATION

ACCESSIBILITY:

To request this file in large print, please email aoda@wcdsb.ca or call (519) 578-3660.

Student's Name:

DIAGNOSIS/REASON FOR MEDICATION:

MEDICATION DETAILS:

Medication(s) Prescribed	Dosage	Time to be Administered
1.		
2.		
3.		

Possible side effects (if any):

Duration of continuing medication(s):

Parent/Guardian Signature: _____ Date: _____

Disclaimer

Information on this form is collected pursuant to the board's responsibilities set out in the Education Act and protected in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Information on this form will be used to administer medication to students under the age of 18. Questions regarding the collection of this information should be directed to the School Principal.

To be Completed by: Parent/Guardian

Description of Use: Attach to Medication Log (Form APH004-03F)

Copies: 1. Main Office/Health Room; 2. OSR;

3. School Medical Emergency File (Retain: 1 Year)