## Appendix 1 – Authorization to distribute medication

## DISTRIBUTING MEDICATION IN SCHOOL IS AN EXCEPTIONAL MEASURE

School staff can distribute medication to your child conditional on the signing and reception of this form. The information listed by the pharmacist on the identification label of the medication is proof of the authenticity of the prescription. A copy of this label must be provided with the pill dispenser or container received from the pharmacist with the dosage clearly marked and identified in the child's name.

The label must include the child's name, doctor's name, and name of the medication, expiry date, dosage and duration of treatment.

In the case of regular medication, provide the medication in the form of a pill organizer (if necessary, ask the pharmacist to prepare the pillbox). Medication supplied in a container is not considered ready to be administered.

If your child needs a medication linked to a severe allergy, please refer to the appropriate forms available at the school.

## AUTHORIZATION TO DISTRIBUTE MEDICATION (Please print)

Surname:	First Name :		Class :	
From :	To :		Year :	
Name of the medication:				
Dosage (dose and frequency) :				
	(if need	ed, see pharmacist I	abel)	
When to distribute (ex. : at meal tim	ne, hour, if neces	sary), specify exactly	when to distribute:	
——————————————————————————————————————	Distribute: Yes	No		
Distribution by : Inhalation :	Oral :	Skin :		
Does the medication need to be	Yes	No		
refrigerated?				
Expected significant side effects :				
			bove named medication	
the indicated dosage.				
Signature of parent or legal guardia	າ:			
Telephone of parent or legal guardia	an :			
Tel. in case of emergency :	Relationshi	p to child :	Date :	

Inform the school of any changes and any renewal of the prescription.

The Policy on distributing medication in schools is available at the secretariat of the school and can be

obtained from the person responsible for daycare.