

**Administering Prescription Medication to Students**

<b>STUDENT'S NAME</b>	<b>DATE OF BIRTH</b>	
<b>SCHOOL</b>	<b>GRADE</b>	<b>DATE</b>
<b>NAME OF MEDICATION</b>	<b>NAME OF PHYSICIAN</b>	
<b>PRESCRIPTION START DATE</b>	<b>PRESCRIPTION END DATE (write "continued" if no end date)</b>	
<b>ATTACH PHYSICIAN'S INSTRUCTIONS</b>		

**Administered By**

<b>PRIMARY PERSON</b>
<b>ALTERNATE PERSON</b>

**I have received and read a copy of Administrative Procedure 314 for Golden Hills School Division.**

**I agree that the school may administer prescription medication as set out on this form.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature