

Medication Administration Form

This form is to be completed in full by Parents/Guardians for all students and applies any time medication is to be administered by school personnel to a student.

Date: _____

Name of Student: _____

Medical Condition: _____

I/We authorize RVS staff to administer the following medication:

Name of Medication (Any medications given to RVS for administration to a child must be in an original, labeled container)

In accordance with the following instructions (include dosage, times and duration of treatment):

Administration Instructions (Administration of any medication must be in accordance with the labeled directions)

In signing this form, the parent or legal guardian releases River Valley School, its servants, employees and agents from and against all claims, suits, demands and actions whatsoever taken now or in the future which may arise by reason of the administration of medication to the student. The action taken by staff as requested above is both requested and authorized. RVS Staff is authorized to take emergency action as deemed appropriate.

Parent(s) Signature

Date



RIVER VALLEY SCHOOL

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Self-Medication Release Form

This form is only applicable for students who have been given permission to self administer their medication.

Effective Date: _____

End Date: _____

Child's Name: _____

Has been instructed in the proper use of the following medication:

Administration Instructions including dosages, frequency and procedures:

I/We _____, parents/guardians of the above mentioned child request that s/he be permitted to carry the medication on his/her person, as we consider him/her responsible. S/He has been instructed about and understands the purpose and appropriate method and frequency of use.

S/He has my/our permission to self administer the medication as directed above.

Parent/Guardian Signature

Date



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