



SASKATOON
CHRISTIAN SCHOOL

MEDICATION DISPENSEMENT FORM

ANAPHYLAXIS

One form/student

School Year (YYYY-YYYY): _____

Please complete ONE OR BOTH SIDE(S) OF THIS FORM (Anaphylaxis and/or Non-Anaphylaxis) AND SUBMIT TO THE SCHOOL OFFICE WITH MEDICATION. This form is valid for the current school year ONLY.

STUDENT INFORMATION

Surname:	Given Name(s):
Birthdate (YYYY-MM-DD):	Grade:
Check all that apply: <input type="checkbox"/> had previous anaphylactic reaction <input type="checkbox"/> Asthmatic	

ALLERGY INFORMATION

Check the appropriate box and specify the allergy.

Foods: _____ Insect Stings: _____ Other: _____

MEDICATION INFORMATION & INSTRUCTIONS

All medication must have the proper instructions for administering, handling, and storage.

Name:	Dosage:	Expiry Date:
Prescribing Doctor's Name:	Phone:	
Instructions:		

EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP TO STUDENT	CELL	HOME	WORK

MEDICATION DISPENSEMENT AUTHORIZATION

I/we do hereby acknowledge that I/we have delivered the medication listed above to Saskatoon Christian School. I understand that the school is relying upon the information provided by me about the medical condition of my child and about the medication to be administered by the school. I authorize Saskatoon Christian School personnel to administer medication as described above.

	Parent/Guardian Signature:	Date (YYYY-MM-DD):



SASKATOON
CHRISTIAN SCHOOL

MEDICATION DISPENSEMENT PLAN

NON-ANAPHYLAXIS

One form/student

School Year (YYYY-YYYY): _____

Please complete ONE OR BOTH SIDE(S) OF THIS FORM (Anaphylaxis and/or Non-Anaphylaxis) AND SUBMIT TO THE SCHOOL OFFICE WITH MEDICATION. This form is valid for the current school year ONLY.

STUDENT INFORMATION

Surname:	Given Name(s):
Birthdate (YYYY-MM-DD):	Grade:

BEHAVIOUR INDICATORS & INSTRUCTIONS

Behaviour or Medical Need:
Triggers:
Indicators:
Safety/Protective Equipment Needed:
Instructions:

MEDICATION INFORMATION

All medication must have the proper instructions for administering, handling, and storage.

Name:	Dosage:	Expiry Date:
Prescribing Doctor's Name:	Phone:	

EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP TO STUDENT	CELL	HOME	WORK

MEDICATION DISPENSEMENT AUTHORIZATION

I/we do hereby acknowledge that I/we have delivered the medication listed above to Saskatoon Christian School. I understand that the school is relying upon the information provided by me about the medical condition of my child and about the medication to be administered by the school. I authorize Saskatoon Christian School personnel to administer medication as described above.

	Parent/Guardian Signature:	Date (YYYY-MM-DD):