



This plan is intended for physician prescribed medications including PRN and over the counter medications. For all children/students with severe allergies and anaphylaxis also complete the Anaphylaxis Emergency Plan form. This form must be accompanied by a signed Child/Student Medication/Personal Care management Parent/Guardian Consent form.

Child/Student Name _____

Medication Information - Do not use abbreviations. Update annually. Medication must be received in original container.

Table with 3 columns: Medication #1, Medication #2, and rows for Medication name, Therapeutic effect(s), Possible side effect(s), Plan of action for possible side effect(s), Dose, Route of administration (e.g. by mouth), Time(s) to be administered, Start date of medication, Finish or review date.

Complete During Meeting

Table with 3 columns and 4 rows: Medication location for administering/monitoring, Name of staff member administering/monitoring, Alternative staff member administering/monitoring, Special instructions.

Approval

Parent/Guardian Signature _____ Date _____

Principal/Designate Signature _____ Date _____

Freedom of Information and Protection of Privacy - Sec. 33/34

The information collected on this form is for the purpose of administering medication/personal care arrangements for your child/student. This personal information is collected pursuant to the provisions of the School Act and Regulations thereto, and the FOIP Act. If you have any questions about the collection and use of the information, please contact the principal of the school or the Associate Superintendent, Instructional Services, Elk Island Public Schools, Sherwood Park, Alberta, at 780-417-8227.