Manitoba
Education and Training

K–12 Education Division
Inclusion Support Branch
Manitoba School for the Deaf
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Winnipeg, Manitoba, Canada R2Y 2C9
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AUTHORIZATION FOR THE ADMINISTRATION OF ONGOING PRESCRIPTION MEDICATION

Name of Student: _____

Name of Medication: _____

Reason for Medication: _____

_____

_____

Dosage (tablet/tsp/ml/mg)

_____

Administration Procedure

_____

_____

Time(s) the Medication is to be Given

_____

_____

Start Date: _____

End Date: _____

Specific Storage Requirements: _____

Return Home Daily: _____ Keep at School: _____

_____ _____

Date Signature of Parent/Guardian