Manitoba
Education and Training
K–12 Education Division
Inclusion Support Branch
Manitoba School for the Deaf
242 Stradford Street
Winnipeg, Manitoba, Canada R2Y 2C9
T 204-945-8934 **F** 204-945-1767
www.edu.gov.mb.ca/k12

AUTHORIZATION FOR THE ADMINISTRATION OF SHORT TERM 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