MEDICAL PERMISSION
CONSENT FORM

Listuguj Education Directorate
1 Riverside West Listuguj, Qc G0C 2R0
Phone: 418-788-2248 Fax: 418-788-5980

Application for the permission to administer medication

Application that Parent/Guardian gives permission to authorized staff/teacher of Alaqsite'w Gitpu School to administer medication to their student. For non-prescribed medication and prescribed medication. Specifying method of use, where on the body location to administer, quantity, times and days allowed, with dates start and end, as well as side effects to watch for.

DATE : _____

NAME of PARENT/GUARDIAN: _____ TEL/CELL: _____

Name of the **STUDENT** :_____

CLASS/GRADE:_____ TEACHER: _____

MEDICAL CONDITIONS: _____

NAME of the Medication: _____

Quantity to administer: _____ AMOUNT OF TIMES PER DAY:_____

From Date:_____ to Date:_____

WHEN TO/ AT HOUR : _____ Method and location: _____

Side effects:_____

Physician:_____ TEL/CELL: _____

Pharmacy:_____TEL/CELL: _____

_____ _____

Signature of Parent Guardian *Date*

Reception Use Only

Date Received:_____ ☐ Received by Digital Form

Authorised by:_____ Email:_____