

Christ the Teacher Catholic Schools

ADMINISTRATION OF MEDICATION

Student: _____ School: _____

DOB (D/M/Y): _____ Grade: _____ Teacher: _____

Home Address: _____ S.H.S. Personal Health Number: _____

Mother's Phone:	
Residence _____	Work _____

Father's Phone:	
Residence _____	Work _____

Emergency Contact: _____ Phone Number(s): _____ or _____

TO BE COMPLETED BY PHYSICIAN

Name of Student's Doctor:	_____	Telephone:	_____
Address of Doctor:	_____		
Name of Student's Pharmacy:	_____	Telephone:	_____

Medication Prescribed	Dosage	Times for Administration	Side Effects

For further information regarding the above medication call DIAL ACCESS (Saskatoon) at 1-800-665-3784

Side Effects if Medication is Not Taken:

Effective Date: _____ Termination Date: _____

Other Pertinent Information :

Physician's Signature: _____ Date: _____