Form 314-1

Administering Prescription Medication to Students

STUDENT'S NAME	**DATE OF BIRTH**	
SCHOOL	**GRADE**	**DATE**
NAME OF MEDICATION	**NAME OF PHYSICIAN**	
PRESCRIPTION START DATE	**PRESCRIPTION END DATE (write "continued" if no end date)**	
ATTACH PHYSICIAN'S INSTRUCTIONS		

Administered By

PRIMARY PERSON
ALTERNATE PERSON

I have received and read a copy of Administrative Procedure 314 for Golden Hills School Division.

I agree that the school may administer prescription medication as set out on this form.

_____ _____

Date **Parent/Guardian's Signature**

Revised November 2009
Reformatted June, 2012