FORM 26

MEDICAL RELEASE FORM - MEDICATION FORM

Student's
Name_____DOB_____/_____/_____
mm dd yy

Address_____

Parents/Guardians*_____

Residence No._____ Business _____

Emergency Nos._____/_____/_____

School_____ Class_____

Teacher_____

To Authorized School Personnel:

I hereby request and authorize you to give _____
(dose and medication)

to_____

as prescribed by Dr. _____, and I release school personnel from liability should reactions result from medications. In case of anaphylactic reaction, follow-up care and transportation are to be as follows:

_____

_____

_____ _____
(Parent's Signature) (Date)

This form will not cover Legal Consent of Treatment once the student is transferred to the hospital.

To Authorized School Personnel:
I prescribe _____ to be given to _____ by school personnel during the school hours for reasons stated:

_____

_____

_____ _____
Physician's Signature Date

* In the case of foster parents, please obtain the signature of an Alberta Family and Social Services representative or official.