Prairie South Schools 210 Learning together.
1075 9th Avenue North West, Moose Jaw, SK S6H 1V7 P 306.694.1200 1.877.434.1200 F 306.694.4955 prairiesouth.ca

Physician Statement to Support Administration of Medication at School

Parents/Guardians will need to take a copy of this form to the Physician for each visit that may result in a change of medication. All records obtained and created are for educational purposes only and are to be treated as confidential. Student records are for use by educational professionals and as deemed appropriate for necessary programming purposes.

Physician Name: _____ Phone Number: _____

Student Name: _____ Grade: _____ D.O.B. _____

School: _____ School Year: _____

Name of medication

Specific medical restrictions to be address by medication.

Dosage of medication

Frequency of medication

Duration of medication

Handling and storage of medication

Detailed description of any equipment or device(s) required in giving the essential medication, as well as steps to follow.

Any other information you feel is necessary or relevant to share.

Please check to CONFIRM the following:

☐ This medication is essential for this child.

☐ This medication must be administered during school hours.

☐ This medication cannot be administered solely outside of school hours.

☐ This medication can safely be given by a non-medical person.

Physician Signature Date