CHILD/STUDENT MEDICATION MANAGEMENT PLAN

**AP 315** Medication/Personal Care

This plan is intended for physician prescribed medications including PRN and over the counter medications. For all children/students with severe allergies and anaphylaxis also complete the **Anaphylaxis Emergency Plan** form. This form **must** be accompanied by a signed **Child/Student Medication/Personal Care management Parent/Guardian Consent** form.

**Child/Student Name**

**Medication Information -** Do not use abbreviations. Update annually. Medication **must** be received in original container.

**Medication #1**

**Medication #2**

Monitor

Administer

Monitor

Administer

Pharmacy information sheet is provided

Pharmacy information sheet is provided

Medication name

Therapeutic effect(s)

Possible side effect(s)

Plan of action for possible side effect(s)

Dose

Route of administration (e.g. by mouth)

Time(s) to be administered Start date of medication Finish or review date

**Complete During Meeting**

Medication location for administering/monitoring

Name of staff member administering/monitoring

Alternative staff member administering/monitoring

Special instructions

**Approval**

Parent/Guardian Signature

Date

Principal/Designate Signature

Date

**Freedom of Information and Protection of Privacy - Sec. 33/34**

The information collected on this form is for the purpose of administering medication/personal care arrangements for your child/student. This personal information is collected pursuant to the provisions of the *School Act* and Regulations thereto, and the *FOIP Act*. If you have any questions about the collection and use of the information, please contact the principal of the school or the Associate Superintendent, Instructional Services, Elk Island Public Schools, Sherwood Park, Alberta, at 780-417-8227.

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