



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
	<input type="checkbox"/> Monitor <input type="checkbox"/> Administer <input type="checkbox"/> Pharmacy information sheet is provided	<input type="checkbox"/> Monitor <input type="checkbox"/> Administer <input type="checkbox"/> 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.