


**Form**  
**Provision of Prescription Medication - Physician**

	Saskatchewan Distance Learning Centre (Sask DLC)  Main Office: Box 370, Kenaston, SK S0G 2N0 Phone: 306-252-1000 www.saskDLC.ca	<b>Reference</b>	<b>Administering Essential Medications to Students or Personal Care</b>
		<b>Adopted</b>	March 4, 2024
		<b>Level</b>	Local Campus
		<b>Submit to</b>	Sask DLC Campus Principal
		<b>When</b>	Beginning of Year

**To be completed annually and as required  
for prescription medication that must be administered in school hours.**

<b>Student Name</b>	<b>Birth Date</b>	
<b>School Name</b>	<b>Grade</b>	

<b>Parent/Guardian</b>			
<b>Home Address</b>			
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>	

<b>Physician Name</b>	<b>Physician Phone #</b>		
<b>Physician Address</b>			
<b>Medication</b>	<b>Prescription</b>	<b>Yes</b>	<b>No</b>

<b>Condition being treated</b>	
<b>Name of medication</b>	
<b>Dose and frequency of medication</b>	
<b>Time to be administered during school hours</b>	
<b>Special handling &amp; storage requirements</b>	

I do confirm that this medication must be administered during regular school hours and is necessary for health and well-being of the student.

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Date**