

Suzuki Charter School
Parental Permission Form

Student's name: _____ Birthday _____
Year Month Date

Address: _____

Phone numbers: (Mother Res) _____ (Work) _____

(Father Res) _____ (Work) _____

(Legal Guardian) _____ (Work) _____

School Grade _____ Learning facilitator _____

Alberta Health Care Number _____

Medical Information

Medication (name) _____

Amount of medication sent to school _____

Dosage to be given _____

Frequency (specific time of day) _____

Duration (daily): From _____ To _____

Anticipated reaction (symptoms/side effects) _____

Emergency procedure in event of reaction _____

Locations of phone numbers of attending physician in event of emergency _____

Parent's Request and Approval

I hereby request and give my permission to the above school to administer medication (including EPI-Pen transportation to the hospital and medical treatment at hospital for life threatening allergies) prescribed on this form to my child.

I agree to supply the medication *in its original container* which identifies the owner and contents. The supply will be replenished when necessary without contact by the school.

Signature of Parent/Guardian: _____ Date Signed _____