



## ÉCOLE STONEWALL CENTENNIAL SCHOOL

DATE: \_\_\_\_\_

RE: \_\_\_\_\_  
(STUDENT NAME)

I hereby give permission for the Principal or his/her designate to administer

\_\_\_\_\_  
(Type & Dosage of Medication)

at \_\_\_\_\_  
(Time to be Administered)

**REMINDER:** The School Division Policy (Policy #5.16) regarding medication states:

*The medicine bottle must carry the official label from the pharmacist stating the child's name, physician's name, the name of the drug, the dosage to be administered and if possible, the time of day it is to be given.*

OTHER PERTINENT INFORMATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_