

Phone: (306) 775-0919 E-mail: office@myrcs.org www.reginachristianschool.org

## ESSENTIAL MEDICATION/PROCEDURE PARENTAL RELEASE FORM

An Essential Medication is a medication, including over the counter medication or non-prescribed medication, prescribed for a student by a physician which cannot be scheduled for giving to the student outside of regular school hours and which is necessary for the student's health or well-being.

An Essential Procedure is a procedure prescribed for a student by a physician which cannot be scheduled for administration to the student outside of regular school hours and which is necessary for the student's health and well-being.

Please note that, on occasion	n, a school s	taff member m	ay need to speak to	o your child's p	hysician.
STUDENT NAME:					
MEDICAL CONDITION	(S):				
<b>List all medications</b> – inclumethod of administration. <b>No</b> medical personnel at the child signature (below).	OTE: Only m	edications app	earing on this form	will be administ	ered by non-
Medication/Procedure	Dosage	Frequency	Administration Time	Reason for being prescribed	Method of Administration
Are the above essential med hours for the health or well-b	•	•	•	inistered during	the regular school
Parent/Guardian Name (Pleas	se Print)	<u> </u>			
Parent/Guardian Signature					
 Date					