FORM A-1

TURTLE MOUNTAIN SCHOOL DIVISION

INDIVIDUAL HEALTH PLAN FOR PRESCRIBED MEDICATION

FOR NON-URIS STUDENTS

SCHOOL YEAR ______________

STUDENT INFORMATION:

Name:	______________	School:	______________
DOB:	______________ (Y, M, D)	Phone:	______________
Address:	______________	Teacher:	______________
Phone:	______________	Grade:	______________
PHIN:	______________	T. A.:	______________

PARENT/GUARDIAN/PRIMARY CAREGIVER: ______________ PHONE: __________

PARENT/GUARDIAN/PRIMARY CAREGIVER: ______________ PHONE: __________

BACK-UP CONTACT PERSON: ______________ PHONE: __________

HEALTH CARE INFORMATION:

FAMILY PHYSICIAN: ______________ PHONE: __________

PRESCRIBING PHYSICIAN: ______________ PHONE: __________

MEDICATION	DOSAGE AND TIME	MEDICATION PURPOSE
______________	______________	______________
______________	______________	______________

SIDE EFFECTS:	RESPONSE:
1. ______________	1. ______________
2. ______________	2. ______________

3. ____________________	3. ____________________

START DATE OF MEDICATION: ______________________________

STOP DATE OF MEDICATION: ______________________________

STORAGE REQUIREMENTS: ______________________________

PERSONNEL:

PRIMARY PERSON: ______________________________

SECONDARY PERSON: ______________________________

THIRD PERSON: ______________________________

AUTHORIZATION AND RESPONSIBILITIES:

I will send or deliver a sufficient supply of the medication to the school in the original pharmacist's labelled container. If I am unable to deliver it personally, it will be delivered as follows (name of adult authorized and the time(s) of delivery):

____

____

____

I/We authorize school staff members to administer the medication stated on this form.

I/We realize that the staff members who volunteer to assist my child in this way are not medical professionals. In consideration of their assistance, I RELEASE TURTLE MOUNTAIN SCHOOL DIVISION, AND ITS OFFICERS AND EMPLOYEES FROM ANY LIABILITY ARISING FROM THE ADMINISTRATION OF PRESCRIBED MEDICATION TO MY CHILD IN ACCORDANCE WITH THE INSTRUCTIONS SET OUT IN THIS REQUEST.

DATE:	SIGNATURE OF PARENT/GUARDIAN:
______________________	______________________
______________________	______________________

ATTACHMENTS TO PLAN: ________ YES ________ NO