

This form must be accompanied by a signed Request for Assistance to Administer Medication (Form 1-AP 316).

Medication				
Medication	Dose	Time	Date	Initials
lministered/Monitored b	ру			
Print Name		Signature		Initials
Print Name			Signature	

## Freedom of Information and Protection of Privacy - Sec. 33/34

The information collected on this form is for the purpose of administering medication/personal care arrangements for your child/student. This personal information is collected pursuant to the provisions of the *School Act* and Regulations thereto, and the *FOIP Act*. If you have any questions about the collection and use of the information, please contact the principal of the school or the Superintendent, Canadian Rockies Public Schools at 403-609-6072.