



**I confirm that I have the authority to sign this consent and will inform any other parent or guardian of the contents of this consent and the fact it has been signed.**

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

- Contact parent if extra dose is required (i.e. student forgot to take morning dose at home.)
- All medication should be kept in an appropriately secure manner
- Principal must review and initial the Non-Prescription Medication Administration Record on a regular basis.

[illegible]

**Peace Wapiti Public School Division**  
**Policy IHCD –Administration of Medical Assistance**  
**Exhibit 3 – Administering Non-Prescription Medication to Students**  
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[illegible]