

Interlake School Division

Request to Administer Medication Form - AP 4010 – F1

6. Reason(s) for medication(s): _____

7. Dosage and method of administration: _____

8. Time of administration at school: _____

9. Start date of medication (d/m/y): _____

10. Stop date of medication (d/m/y): _____

11. I confirm that the first dose of medication(s) was administered at home or hospital:
(please initial) _____

12. I confirm that the first dose of

