

**Authorization/Request for Administration of
Essential Medication and/or Essential Procedures**

As parent/guardian of _____, (the child), on behalf of myself as parent/guardian and on behalf of my child, I hereby request assistance from the staff of Prairie South School Division No. 210, the administration of :

Essential medications and/or essential procedures for my child.

I recognize that such staff members do not have nursing, medical or pharmaceutical training.

Student's Name: _____