

To: Parents or Legal Guardians

From: Director of _____ [name of organization]

Date: _____

Regarding: The distribution of prescription medication

Dear Madam, Sir,

The present letter is to inform you that the organization can, exceptionally, distribute medication prescribed for your child.

If your child must take medication while in our care, it is mandatory for you to fill out and sign the “Authorization to Distribute Prescription Medication” form. The form and the medication must be given to the secretary, the program lead, or the person appointed to receive them.

It is also mandatory for the medication to be in a container received from the pharmacy, with the label produced by the pharmacy. You are in charge of making sure that the prescription is refilled as needed.

We would like to remind you that distributing medication at our organization is nevertheless an exceptional measure. To avoid the use of this exceptional measure, we ask you, whenever possible, to request 12-hour, or 24-hour doses of your child’s prescription medication. That way, the medication can be given at home, eliminating any risks of transporting medication, such as leaving it behind. If this is impossible, please have the medication prescribed to cover 8-hour intervals.

Thank you for your cooperation.

Director

Attached: “Authorization to Distribute Medication” form.

Staff will not be able to distribute prescription medication to students unless parents or legal guardians have filled out and signed the present form.

Let us specify that the distribution of medication in no way entails the obligation on the part of the staff to make a diagnosis, record observations or write a report.

The information written by the pharmacist on the label identifying the medication is proof of the authorization provided by those prescribing the medication. It is therefore important to always provide the medication in the original container bearing the child's name.

The label must show the child's name, the doctor's name, the name of the medication, its expiry date, the dosage and the duration of the treatment.

If your child needs an EPIPEN, please provide written instructions with this form.

AUTHORIZATION TO DISTRIBUTE MEDICATION (PLEASE WRITE IN BLOCK LETTERS)

I authorize a member of the organization's staff to distribute the following medication to my child according to the indicated dosage:

Organization's name: _____

Child's last name: _____ First name: _____

Program or Class: _____

Name of the Medication: _____

Dosage (dose and intervals): _____

Time at which the medication must be taken (e.g. with meals, hour of the day); if the medication is to be taken as needed (upon the appearance of symptoms), specify when to give it: _____

Means of distribution: Inhalation (pump): _____ Oral: _____ Cutaneous: _____

Does the medication have to be refrigerated? Yes No

Foreseeable serious adverse reactions: _____

Signature of the parent or legal guardian: _____

Telephone number of the parent or legal guardian: _____

Name and Telephone number in case of an emergency: _____

Relationship with the child: _____

Date: _____