



St. Ignatius School

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If your child has a chronic condition that requires medication on a daily or periodic basis, and you wish to leave medication at the school so your child will have access to it as needed, please complete the form below.

Date _____

Student Name _____

Grade _____

Medication _____

Dosage _____

Time to be administered: _____

Other information: _____

I hereby request and authorize that my child be given medication as prescribed by our doctor. Such medication is to be given by the school's designated personnel. This authorization is considered to be valid until June 30th next following this date, unless withdrawn by the doctor or parent(s)/guardian(s).

Parent/Guardian Name _____
Please Print

Relationship to Student

Signature of Parent(s) / Guardian(s)

Date