



School Name: _____ School Year: _____

Student Information

Name: _____ Birthdate: _____ / _____ / _____
Year Month Day

Address: _____

MHSC# (6 digit): _____ PHIN # (9 digit): _____

Parent/Guardian/Caregiver Information

Parent/Guardian/Caregiver: _____ Daytime phone(s) _____

Parent/Guardian/Caregiver: _____ Daytime phone(s) _____

Emergency contact: _____ Daytime phone(s) _____

Name of reliever medication

- Salbutamol (e.g. Ventolin*, Airomir)
- Symbicort*
- Other _____

Parent/Guardian/Caregiver Authorization

I acknowledge that my child can safely and responsibly carry and self-administer the medication named above during school hours and understand that I am responsible for consequences that may result from lost or misplaced medication.

Parent/Guardian/Caregiver Signature:	Date