



STONY MOUNTAIN SCHOOL

Mrs. D. Fenske Principal

General Delivery, Stony Mountain, Manitoba R0C 3A0

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www.isd21.mb.ca/sm

"Preparing Today's Learner for Tomorrow"



Administration of Medication Consent Form

Date: _____

I, _____ give Stony Mountain School staff

permission to administer the following medication/dosage:

at the following time(s): _____

to _____ in Grade _____.

Parent/Guardian signature: _____

