Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest
Québec

Facility: _____

File: _____

Last name, first name: _____

Date of birth: _____ ☐ F ☐ M
yyyy-mm-dd

RAMQ no.: _____ Exp. _____
yyyy-mm

Mother's name: _____

SPECIFIC INTERVENTION PLAN IN A SCHOOL SETTING

Health issue

Medication to be administered at school		
	Time: hh:mm	Dosage:
	Time: hh:mm	Dosage:
	Time: hh:mm	Dosage:
→ *The "Request and Authorization for the Distribution of Medication at School form" sheet must be signed by the parent*		

Care required at school

Other relevant information

* SPEAK TO THE SCHOOL SECRETARY IF YOU NEED TO CONTACT THE PARENTS.

I AGREE WITH THE ABOVE-MENTIONED INFORMATION AND AUTHORIZE THE NURSE TO GIVE IT TO THE SCHOOL STAFF, WHO WILL PROVIDE MY CHILD WITH THIS CARE, AS NEEDED.

_____ _____
Date (yyyy-dd-mm) Nurse's signature

_____ _____
Date (yyyy-dd-mm) Parent's or student's signature (age 14 and over)