

Parental Authorization for the Administration of Medication

TO BE COMPLETED BY THE PARENT/GUARDIAN

TAKING INTO ACCOUNT THE STATEMENTS BELOW, I HEREBY AUTHORIZE THE ADMINISTRATION OF THE MEDICATION(S) PRESCRIBED BY THE PHYSICIAN FOR:

STUDENT NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE #: _____

SCHOOL: _____ SCHOOL FAX #: _____

PARENT/GUARDIAN SIGNATURE_____
DATE (dd/mmm/yyyy)

Parents/guardians must **PLACE MEDICATION IN ORIGINAL CONTAINERS** (i.e. those in which the medication was supplied from the pharmacist/physician). The containers must be **PROPERLY LABELLED BY THE PHARMACIST/PHYSICIAN** indicating the **STUDENT'S NAME AND ADMINISTRATION DIRECTIONS**.

The medication will be delivered according to an agreed schedule by the principal or designated person for safe keeping, unless otherwise determined.

No more than one month's supply (31 calendar days) of any medication will be sent to the school at any given time.

IT IS UNDERSTOOD THAT:

- Any member of the school staff, or the student suffering the reaction may be required to administer the medication.
- The person administering the medication may be unqualified and will only be acting to the best of his/her ability in an emergency situation.
- It is the duty of the parent/guardian to ensure that the school has a supply of the medication at all times.
- The parent/guardian releases the school, its employees and its students from any claim and agrees to indemnify those persons from any claim by his/her child as long as a reasonable effort has been made to take appropriate action.

IN CASE OF EMERGENCY, the contact person is:

NAME: _____ TELEPHONE: _____

RELATIONSHIP: _____

TO BE COMPLETED BY THE PRINCIPAL

Person(s) designated to supervise/administer medication:

PLEASE PRINT NAME_____
SIGNATURE_____
PLEASE PRINT NAME_____
SIGNATURE

PRINCIPAL'S SIGNATURE: _____

DATE: _____

cc: OSR

In accordance with Section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, personal information on this form is being collected under the authority of The Education Act and will be used for the purpose of providing emergency medical/hospital care and/or contacting the parent/guardian in the event of an emergency situation. Questions regarding this form should be directed to the principal.