

As a result of the fact that my child is required to receive medication prescribed by a physician or dentist, I am making this request in accordance with the Board's policy and protocol that staff at the school administer medication to my child during the school day. I understand that school staff may assist in the administration of approved medication subject to Board protocol and where there is not additional cost to the Board.

Emergency Contact (phone/cell number): \_\_\_\_\_

I hereby consent to the school administering medication to my child as set out in the instructions provided above and by my child's physician and in doing so I agree and acknowledge that the staff who will be administering the medication are not qualified health professionals and cannot be held to any higher

**Original to O.S.R. Copy to be kept in Medication Binder.**