

Administration of Prescribed Medication at School

Parent/Guardian Consent Form

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.

I, _____ hereby request that _____
 Name of parent/guardian _____ Name of school _____
 administer to my child _____ the following medication:
 Name of student _____ D.O.B. _____ Grade _____

Name of medication(s): _____ Dosage: _____
 _____ Dosage: _____

Dates and time period on which medication is required: _____

Possible side effects of medication: _____

Storage requirements if any: _____

Any additional instructions or information regarding the administration of the medication which staff should be made aware of: _____

Emergency Contact (phone/cell number): _____

I hereby confirm my understanding that:

- All medication must be in the original container and be labelled with the student's name
- The school shall accept no more than a 60-day supply
- All medication shall be brought to school by the parent/guardian or authorized adult or the student, where the student is 18 or older
- While the school will take all reasonable precautions to safeguard the medication, it cannot be responsible for the medication in the event of loss, theft or damage
- It is the responsibility of the parent/guardian to immediately advise the school, in writing, of any change in medication and to provide the school with the new relevant information along with a note from the physician/dentist
- School staff relies on the parent/guardian to provide them with all necessary and relevant information necessary to ensure that the medication can be administered safely by staff.

I understand that the school will not administer medications unless all procedures are followed and complete.

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

 Signature of parent/guardian

 Date