

AUTHORIZATION FOR ADMINISTERED MEDICATION (NON-EMERGENCY)

This form must be completed to request that school personnel administer oral medication not required to respond to an emergency to a student during school hours. Medication found in a student's possession may be confiscated if the school has not received these completed forms. Non-prescription medication shall not be administered to secondary students by school personnel unless the student is exceptional in a manner which, in the Principal's determination, requires an exception to the rule.

If the Principal determines that it would be appropriate for school personnel to administer oral medication to the student, the Principal shall establish procedures for the storage and administration of the medication. Medication to be administered by school personnel shall not be stored by the student. The procedures shall be developed in conjunction with the parent(s)/ guardian(s) of the student and/or, where appropriate, the student.

School personnel shall keep a record of the administration of the medication.

Copies of this form, the Medical Information Form and any written arrangements attached hereto shall be made available to: parent(s)/guardian(s) and/or, where appropriate, the student, the Principal and Board personnel to be designated by the Principal as required.

A. Student Information

Student's Name _____ Date of Birth _____ Parent's Name _____

School _____ Grade/Course _____ Teacher(s) _____

Home Telephone Number(s) _____ Parent's Work Telephone Number(s) _____

Address _____

Emergency Contact(s) & Telephone Numbers _____

Physician _____ Telephone Number(s) _____

B. Medical Information Form (Non-Emergency)

This section must be completed by the student's physician if requested by the Principal.

Name of medication _____ Medical condition requiring this medication _____

Description of medical condition _____

Form of the medication (i.e. tablets, liquid) _____ Time(s) to be taken during school hours _____

Dosage _____ Instructions for ingestion (i.e. with food, water) _____

Date of final administration . _____

Possible side effects _____ Necessary action in event of side effect _____

Storage requirements

Any other special instructions or other information which will assist school personnel.

Signature of Physician

Date



C. Authorization Form

I/We am/are [the parent(s)/guardian(s) of] _____, a student at _____ School. I/We hereby authorize that the medication specified in the Medical Information Form to be administered to this student/me in accordance with this form, the Medical Information Form and any written arrangements attached hereto with respect to the storage and administration of medication form which has been signed by me/us. I/We understand and acknowledge that it is my/our responsibility to supply the medication, labelled as required by the Principal, and to provide information sufficient for a full understanding of any procedures to be followed by school personnel.

I/We hereby acknowledge that this authorization will terminate automatically on June 30 of this school year, or earlier as specified in the Medical Information Form. I/We acknowledge that a new Authorization Form for Administered Medication and a new Medical Information Form must be immediately completed if there is any change in the information contained therein.

I/we hereby release the Near North District School Board (the "Board"), its agents and employees from all manner of actions, causes of action, suits, losses, damages or injuries, however caused, arising out of the storage and administration of medication to this student/me by Board employees, and I/we do also hereby indemnify the said Board, its employees or agents for any losses or damages sustained by the Board as a result of such actions or proceedings being commenced against them by myself/ourselves, or any of this student's/my relatives, agents, sponsors or guardians.

I/We hereby acknowledge that I/we have read and fully understand the terms set out herein.

Parent/Guardian or Adult Student Signature

Date

Parent/Guardian or Adult Student Signature

Date

NOTE:

1. The information gathered in this form is collected pursuant to the Education Act, the Municipal Freedom of Information and Protection of Privacy Act, related legislation and policies and the policies of the Near North District School Board. This information will be used to assist with meeting the health needs of the student. This form will be kept in the student's pupil records. If there are any questions about the information gathered on this form, please contact the Principal.
2. After June 30 of each year, a new form must be completed the following year.