



APPENDIX C

**AUTHORIZATION FORM FOR EMERGENCY MEDICATION**

This form must be completed to request that school personnel administer medication required to respond to an emergency which may take place during school hours. The Medical Emergency Information Form must also **be completed by the student's Physician**. Medication found in a student's possession may be confiscated if the school has not received these completed forms.

The Principal shall determine whether it is within the duties of school personnel to administer the emergency medication. If the Principal determines that the administration of emergency medication is not within the duties of school personnel, the Principal will discuss the available alternatives with you.

If the Principal determines that it is within the duties of school personnel to administer the emergency medication to the student, the Principal shall establish procedures for the storage and emergency administration of the medication. The procedures shall be developed in conjunction with the parent(s)/ guardian(s) of the student and/or, where appropriate, the student. The procedures will be in compliance with the information presented on the form.

Copies of this form, the Medical Emergency Information Form and any Protocol 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 Number(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact(s)  
& Telephone Numbers \_\_\_\_\_

Physician \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_

Student wears medic-alert bracelets/necklace

Student does not wear medic-alert bracelet/necklace for the following reason \_\_\_\_\_



## **B. Medical Emergency Information Form**

*Dear Physician: The \_\_\_\_\_ School has been informed that the student noted below has a medical condition which may cause, with little or no warning, a serious or life-threatening episode which requires an immediate medical response. In these circumstances, the School is required to develop an "Emergency Protocol" to prepare for an emergency. In order to do so, we request you provide the information detailed below. Once the Emergency Protocol is drafted, we will request that you review it to ensure it meets your patient's needs.*

*Please attach additional sheets if more space is required. Your assistance is greatly appreciated.*

Student's name

Name of medical condition

Please provide a detailed description of the medical condition

Please describe what might trigger an emergency episode (e.g. peanuts, bee sting)

Please describe what happens during the emergency episode.

Are there any symptoms to indicate an emergency episode is about to occur?

Please describe in detail what should be done to respond to an emergency episode. (i.e.. Student to be moved immediately to hospital, student not to be moved, student requires oxygen, etc.)

Name of medication to be administered in response to emergency episode

Form of the medication (e.g. tablets, liquid)

Please describe the method by which the medication is to be delivered. (i.e. injection in arm)

Please describe the possible side effects of the medication

What action is necessary in the event of side effects?

Storage requirements for the medication - is it recommended that the student retain possession of the medication?  
(i.e. in a fanny pack)

Any Special Instructions or Other Information which would be of assistance to school personnel

Date of final administration \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**AUTHORIZED BY PRINCIPAL**

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
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 Emergency Information Form shall be administered to this student/me in accordance with this form, the Medical Information Form and any Protocol attached hereto with respect to the storage and emergency administration of medication 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 Emergency Information Form. I / We acknowledge that a new Authorization Form for Emergency Medication and a new Medical Emergency 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 emergency 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: 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.