

HAMILTON-WENTWORTH CATHOLIC DISTRICT SCHOOL BOARD

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION- PARENT FORM

PART II -To be completed by Parent/Guardian when medication is initiated, changed, and annually at the beginning of each new school year.

This is to authorize the administration of the medication(s) prescribed by the attending physician from \_\_\_\_\_ to \_\_\_\_\_ for: \_\_\_\_\_ date \_\_\_\_\_ date

Student's Name: \_\_\_\_\_ Birthdate: (yyyy/mm/dd) \_\_\_\_\_

School: \_\_\_\_\_

Medic Alert I. D.: Yes \_\_\_\_\_ No \_\_\_\_\_

I give permission for my child to self-administer the medication prescribed by the attending physician. Yes \_\_\_ No \_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ (Year, Month, Day)

I release and agree to indemnify the Hamilton-Wentworth Catholic District School Board and its staff from any liability or damages incurred by any party as a consequence of the administration or lack of administration of medication to my child. Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ (Year, Month, Day)

NOTE:

- Parents are requested to PLACE MEDICATION IN INDIVIDUAL CONTAINERS, preferably those in which the medication was supplied from the pharmacist/physician. The containers should be PROPERLY LABELLED indicating the NAME of MEDICATION, STUDENT'S NAME, AND ADMINISTRATION DIRECTIONS. The medication will be delivered by parent/guardian, according to an agreed schedule, to the Principal or designated person for safe keeping, unless otherwise determined.

In case of EMERGENCY, the contact persons are:

Name \_\_\_\_\_ Name \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Under The Municipal Freedom of Information and Protection of Privacy Act, 1989, information in forms and documents pertaining to a student registered/enrolled within The Hamilton-Wentworth Catholic District School Board is collected under the legal authority of The Education Act, and its Regulations, and the Ontario Student Record (O.S.R.) Guideline, 1989. This information is being collected to ensure that the educational program which is provided meets your child's needs.