Appendix B

**HAMILTON WENTWORTH CATHOLIC DISTRICT SCHOOL BOARD**

**AUTHORIZATION FOR ADMINISTRATION OF MEDICATION- PHYSICIAN FORM**

**Part I <u>To be completed by the attending physician when medication is initiated or changed</u>.**

(Please type or print)

Student's Name: ___________________________ Birthdate: ____________________________

Address: ________________________________ School: _____________________________________

This is to advise that I have prescribed the administration of the following medication listed below for those days when the above-mentioned student is in school:

1. Name of Medication ______________________________________________________________

   Method of Administration __________________________________________________________

   Dosage _________________________ Time(s) _________________________________

2. Expected date of discontinuation: _____________________________________________

3. Must the medication be taken during school hours? ______________________________

4. Contra-indications to giving medication: ______________________________________

5. Please specify possible hazards or side effects of medication:

   ___________________________________________________________________________________

   ___________________________________________________________________________________

6. Action to be taken should a reaction occur: ___________________________________

   ___________________________________________________________________________________

7. Allergies which should be noted (if applicable): ______________________________

   ___________________________________________________________________________________

8. Additional instructions (e.g., storage of medication, etc.):

Physician's Name: ______________________ Telephone: ________________________________

Address:

_____________________________________________________________________________________

Physician's Signature: _____________________ Date:

____________________________________

IS-96-56 (To be placed in Documentation File of O.S.R)