Authorization for Daily Administration of Prescription Medication

(Please print)

STUDENT'S NAME: _____ **STUDENT'S BIRTH DATE:** _____

ADDRESS: _____ **TELEPHONE:** _____

SCHOOL: _____ **TEACHER:** _____

EMERGENCY: Contact Person: _____ **Phone:** _____

REQUEST AND APPROVAL OF PARENT/GUARDIAN:

I hereby request and give permission for prescription medication prescribed herein to be administered to my child who is named above for the duration indicated by the Physician. I will provide the medication in the original container.

NOTE: IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO NOTIFY THE PRINCIPAL OF ANY CHANGES IN THE PRESCRIBED MEDICATION OR IN THE ADMINISTRATION OF THAT MEDICATION. THIS AUTHORIZATION WILL EXPIRE ON THE DATE INDICATED BY THE PHYSICIAN OR ON JUNE 30TH OF EACH SCHOOL YEAR.

I release the Thames Valley District School Board, its employees and agents from any liability for loss, damage or injury, howsoever caused, to my child's person or property arising out of administering, or failure to administer the procedure as provided herein.

Parent/Guardian Signature _____ Date Signed _____

PLEASE TYPE OR PRINT IN BLOCK LETTERS

STATEMENT OF PHYSICIAN:

1. Name/type of prescription medicine _____
2. Dosage/amount to be given _____
3. Frequency/times for administration _____
4. Instructions for administration _____
5. Duration _____
6. Anticipated reaction to medication (symptoms, side effects) _____

Medical Practitioner's Name (Print or type) _____

Medical Practitioner's Signature _____ Date Signed _____

Medical Practitioner's Address _____ Medical Practitioner's Telephone Number _____

STATEMENT OF PERSON ADMINISTERING PRESCRIPTION MEDICATION:

I have agreed to administer the prescription medication as herein requested by the parent/guardian and as prescribed by the Physician. I will maintain a log of such administration.

Signature of Person Administering Prescription Medication _____ Date Signed _____

Signature of Principal _____ Date Signed _____

Copies to: [Principal(Original), Parent/Guardian, Physician, Person Administering]

Notice of Collections: The personal information provided on this form and any other correspondence relating to involvement in Board programs is collected by the Thames Valley District School Board under the authority of the *Education Act* and Regulations(R.S.O.1990 c.E.2) as amended. The information will be used to register the student in a school as well as for any consistent purpose, and to share information with employees to carry out their job duties. In addition, the information may be used for matters of health and safety, or discipline and as required to be disclosed in compelling circumstances for law enforcement matters or in accordance with any other Act. For questions about this collection, contact the Board's Freedom of Information Co-ordinator, Thames Valley District School Board, 1250 Dundas Street, London, Ontario, N6A 5L1, Telephone 519-452-2000, Ext. 20218.