

**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION**

**PLEASE TYPE OR PRINT INFORMATION**

NAME OF STUDENT: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE: (519) \_\_\_\_\_  
 SCHOOL: \_\_\_\_\_ GRADE: Select PRINCIPAL: \_\_\_\_\_  
 TEACHER \_\_\_\_\_

**PART I – PARENT’S REQUEST/AUTHORIZATION**

I hereby request and give permission for the administration of the medication prescribed on this form to my child. I understand that I am solely responsible to keep the school advised at all times of any changes in the medication or in the administration of the medication.

\_\_\_\_\_  
 Signature of Parent/Guardian \_\_\_\_\_  
Date Signed

**PART II – PHYSICIAN’S STATEMENT**

1. Name/Type of Medication: \_\_\_\_\_
2. Dosage/Amount to be Given: \_\_\_\_\_
3. Frequency/Times to be Administered: \_\_\_\_\_
4. Duration (Week, Month, Indefinite, etc.): \_\_\_\_\_
5. Anticipated Reaction to Medication (Symptoms, Side Effects, etc.): \_\_\_\_\_

I hereby consent to the administration of medication as requested by the parents by school personnel in accordance with the directions I have listed above.

\_\_\_\_\_  
 Physician's Signature \_\_\_\_\_  
Address (519)\_\_\_\_\_  
Phone \_\_\_\_\_  
Date Signed

**PART III – DESIGNATED PERSON(S) ADMINISTERING MEDICATION**

I have agreed to administer the medication as requested by the parents and in accordance with directions listed above by the physician.

\_\_\_\_\_  
 Signature of Person(s) Administering Medication \_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Principal

Copies to: Parents  
Principal

**NOTE:** This request will be valid until the medication and/or treatment regimen changes. It is the responsibility of parents/guardians to keep the Principal informed of any changes respecting the medication and/or treatment regimen. Where there has been no change in medication or treatment regimen from one school year to the next, a parent/guardian will be required to confirm in writing that there has been no change and that the medical authorization remains valid.

This information is collected in accordance with the Education Act.  
 Questions concerning the collection and maintenance of this information should be directed to the school Principal.  
 This medical information will be shared with individuals charged with transporting students in an effort to ensure health and safety in the event of an emergency.