Lambton Kent District School Board

APPENDIX 1

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

PLEASE TYPE OR PRINT INFORMATION

Name of Student:		Birthdate:			
Address:		Phone:			
School:		Grade:		Teacher:	

Part 1 – 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. I will provide the medication in the original container, with an expiry date.

I hereby release the Board, its agents, officers, officials and employees from any and all liability and from any and all actions, causes of actions, claims and demands of any nature arising out of or in any way related to the dispensing of the medication referred to herein by the said Board, its agents, officers, officials or employees.

_____ _____

Signature of Parent Date Signed

Part 2 – Physician's Statement

The following medication has been prescribed. It is necessary for this medication to be administered during school hours by personnel other than the parent/legal guardian.

Name/Type of Medication:		Reason for Medication:	
Dosage/Amount to be Given:		Frequency/Times to be Administered:	
Duration (Week, Month, Indefinite, etc.):		Anticipated Reaction to Medication (Symptoms, Side Effects, etc.):	
Additional Instructions:			

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 Date Signed

_____ _____

Address Phone

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.