CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

Student Name: ___________________________________ Date of Birth: _______________________

Home Address: ______________________________ City: _____________ Postal Code: _______________________

Email Address: ____ Phone: ____________________________

School: ____ Teacher: ___________________________

Parents/Guardians must immediately notify the Principal or designate if administration of medication outlined in the Authorization for Administration of Medication form is not to occur on a given day. Such requests shall also be documented in the Student Medication Log.

MEDICATION INFORMATION

1. Name of Medication: ____
2. Amount to be Given (e.g., mg): ____
3. Time(s) of Administration: ____
4. Duration of Administration: ____
5. Possible Side Effects: ____
6. Physician's Name: ____

Physician's Signature: __________________________________ Date: ______________________________

Address: ____ Phone: ____________________________

Please share any written documentation which would be helpful.

DESIGNATED PERSON ADMINISTERING MEDICATION

I, ______________________________, (print name) agree to administer the medication herein requested by the Parent/Guardian as prescribed by the Physician and to maintain a log of such administration.

Signature of Person Administering Medication: ________________________ Date: _____________________

Principal's Signature: ____ Date: _____________________

PARENT'S/GUARDIAN'S APPROVAL

Parent's/Guardian's Signature: _______________________________________ Date: _____________________

A new Authorization for Administration of Medication must be submitted each school year, and/or whenever medication is modified.

Information Collection Authorization: This information is collected pursuant to the Board's education responsibilities as set out in the Education Act and is within guidelines set out in the Municpal Freedom of Information and Protection of Privacy Act, 1989. The information is collected for education pruproses and will be used to meet student medical needs. This information will become part of the Ontario Student Record. Any questions with respect to this information should be directed to the School Principal. Users: Staff administering medication or special services.

02/16 Copies to: 1. Parent/Guardian 2. Ontario Student Record (O.S.R.)