



CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

Kemptville, Ontario K0G 1J0
Phone: (613) 258-7757 or 1-800-443-4562
Fax: (613) 258-7134

REQUEST FOR ADMINISTRATION OF MEDICATION

Student _____ Date _____

Address _____ Telephone _____

School _____ Teacher _____

Physicians' Instructions for Administering Medication:

Name/Type of medication: _____

Dosage/amount to be given: _____

Frequency/Times to be administered: _____

Duration: _____

Physician's Signature _____

Telephone Number _____

Parent/Guardian Authorization

We hereby request that the above medication and procedure as outlined by our physician be administered to our child.

We understand that the Catholic District School Board of Eastern Ontario will not be legally responsible for the administration of the medication.

Parent/Guardian Signature _____

**Note: This request will expire June 30 of each school year
or at the end of the duration as specified above.**