



ACCESSIBILITY:

To request this file in large print, please email aoda@wcdsb.ca or call (519) 578-3660.

Student's Name:

DIAGNOSIS/REASON FOR MEDICATION:

MEDICATION DETAILS:

Medication(s) Prescribed	Dosage	Time to be Administered
1.		
2.		
3.		

Possible side effects (if any):

Duration of continuing medication(s):

Parent/Guardian Signature: _____ Date: _____

Notice of Collection

Personal information on this form is collected under the authority of sections 169.1(1)(a) and 265(1)(d) of the Education Act in accordance with section 28(2) of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Information on this form will be used for providing emergency medical treatment and will be kept in the school's Medical Emergency file, the OSR and provided to transportation service as required. Questions about the use of the form should be directed to the school principal. Questions about the collection, use, or disclosure of personal information on the form should be directed to the Privacy Officer at privacy@wcdsb.ca, or 519-580-3297, or 35 Weber St. W., Unit A, Kitchener, ON, N2H 3Z1.

To be Completed by: Parent/Guardian

Description of Use: Attach to Medication Log (Form APH004-03F)

Copies: 1. Main Office/Health Room; 2. OSR;
3. School Medical Emergency File (Retain: 1 Year)