

ACCESSIBILITY:

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This form, and related board policies are supported by the Waterloo Region Medical Officer of Health.

Student's Name:	Birthdate:
School:	Grade:
Home Address:	
Parent/Guardian Home Phone Number:	Work:
Name of Dispensing Pharmacy:	Phone:
Name of Physician:	Phone:

Note: It is understood that it is preferable that all medication be administered by the parent/guardian at home during non-school hours. The parent/guardian will ask the student's physician if the medication must be administered during school hours and/or if an alternative medication could be prescribed that does not require administration during school hours.

The following procedures will be followed:

1. Medication must be in the original container, affixed with a pharmaceutical sticker or label, the child's name, and the dosage.
2. No more than one month's dosage is to be sent to the school at any one time.
3. If questions arise about administering the medication, the school principal/vice-principal, or his/her designate, will contact the dispensing pharmacy to clarify the issue; for example, (including without limitation) whether there is a need to give the medication on an empty or full stomach.
4. If problems arise with the administration of the medication, for example (including without limitation) refusal by the student to take the medication, complaints of side effects, or possible allergic reactions, then the school will immediately discontinue further doses and inform the parent/guardian at the earliest practical opportunity, as to the nature of the problem. It is then the parent's/guardian's responsibility to decide if the student's physician needs to be consulted to assess whether changes to the prescribed medication and/or administrative procedures are necessary.
5. A new copy of the Medication Information Form (APH004-02F) must be completed for any change in the medication prescribed and/or the administrative procedure and a new Medication Log (Form APH004- 01F) will then be started and attached.
6. The school principal/vice-principal can reserve the right to refuse to administer treatment to the student if the necessary information is not provided by the parent/guardian.
7. This request will terminate on June 30 of each school year.



WAIVER AND RELEASE

I hereby release the school board, its employees and agents from all manner of actions, causes of action, suits, losses, damages or injuries, however caused, arising out of the administration or failure to administer medication as provided herein, and I do also hereby indemnify the said school board, its employees or agents for any losses or damages sustained by them as a result of such actions or proceedings being commenced against them by myself or the student or any other parent or guardian of said student.

CONSENT

I confirm that I have asked the student's physician if the medication must be administered during school hours and he/she has so advised. _____ (initials of Parent/Guardian)

As the parent/guardian of the above-named student, I request and authorize the administration to said student of the prescribed medication referred to in the Medication Information Form (APH004-02F), by school personnel, who I acknowledge are not medically trained to administer medication, using the procedures listed above, and I hereby acknowledge that I have read and fully understand the terms set out herein.

Parent/Guardian Signature: _____ Date: _____

Disclaimer

Information on this form is collected pursuant to the board's responsibilities set out in the Education Act and protected in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Information on this form will be used to administer medication to students under the age of 18. Questions regarding the collection of this information should be directed to the school principal.

To be completed by: Parent/Guardian
Description of Use: Copy: OSR (Retain: 1 Year)