



KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

ADMINISTRATION OF MEDICATION

This information is collected under the authority of the Education Act, R.S.O. 1990, for the well-being of the student and in compliance with The Municipal Freedom of Information Act 1989.

Administration of Medication

(please type or print information)

1. Request for Administration of Medication (including EpiPens and Inhalants)

Pupil _____ D.O.B.: _____ Date _____

Parent(s)/Guardian(s) _____ Home Telephone _____

Address _____ Business Telephone _____

School _____ Teacher _____

Physician Name/Telephone Number _____

2. Physician's Statement for Administering Medication During School Hours

In my opinion, it is necessary that the following medication be administered during school hours:

(a) Name of medication _____

(b) Storage instructions, if any _____

(c)* Dosage and time to be given during school hours _____

(d) Duration of medication regime _____

(e) Cautions or notable side effects _____

Physician's signature _____ Date _____

3. Parent/Guardian Authorization

Name of Drug (brand or generic) _____

Pharmacy _____ Pharmacy Telephone _____

I, _____, having legal authority for _____ hereby request
Name – Parent(s)/Guardian(s) Name – Pupil

* _____ to administer the above medication, as set out above
Name(s) - one or more staff members

until the earlier of _____ or until the prescription changes or expires.
Date

***NOTE: Transportation department, school bus operators and bus drivers should receive a copy, with the individualized ERP if, required for anaphylactic students who are regularly bussed.**

(over)

Special Note:

Parent(s)/guardians share the responsibility with school staff in developing a plan to address the health and/or medical needs of their child.

Staff will take every reasonable precaution and action, as non-medical personnel, to support the health and/or medical needs of your child. You as the parent/guardian, understand the inherent risk relative to your child's needs. Staff, however, may not be held responsible, if they have acted in a reasonable manner and in compliance with Board policy.

Parent(s)/guardian(s) must provide the medication in a container with the original pharmacy label.

Signature of Parent/Guardian _____ **Date:** _____

Signature of Principal _____ **Date:** _____

If you have any questions about this form contact the principal of the school your child is attending.

p.c. OSR
Parent
Staff Member administering medication
Transportation Dept., School Bus Operator, Bus Driver, if applicable.

*** A student who is 12 years or older and has the cognitive ability to understand the process, should be asked to co-sign along with the parent/guardian, to demonstrate participation in the administration of medication.**