



Authorization for Administration of Prescription Medication

[Please Print]

STUDENT'S NAME: _____ BIRTH DATE: _____
 ADDRESS: _____ TELEPHONE: _____
 SCHOOL: _____ TEACHER: _____

EMERGENCY: Contact Person: _____

REQUEST AND APPROVAL OF PARENT/GUARDIAN:

I hereby request and give permission for prescription medication prescribed herein to be administered to my child who is named above for the duration indicated by the Physician. I will provide the medication in the original container.

NOTE: IT IS THE PARENT'S/GUARDIAN'S RESPONSIBILITY TO NOTIFY THE PRINCIPAL OF ANY CHANGES IN THE PRESCRIBED MEDICATION OR IN THE ADMINISTRATION OF THAT MEDICATION. THIS AUTHORIZATION WILL EXPIRE ON THE DATE INDICATED BY THE PHYSICIAN OR ON JUNE 30TH OF EACH SCHOOL YEAR.

I release the Thames Valley District School Board, its employees and agents from any liability for loss, damage or injury, howsoever caused, to my child's person or property arising out of administering, or failure to administer the procedure as provided herein.

Parent's/Guardian's Signature _____ Date Signed _____

PLEASE TYPE OR PRINT IN BLOCK LETTERS

STATEMENT OF PHYSICIAN:

1. Name/type of prescription medicine _____
2. Dosage/amount to be given _____
3. Frequency/times for administration _____
4. Instructions for administration _____
5. Duration _____
6. Anticipated reaction to medication (symptoms, side effects . . .) _____

Physician's Name [Print or Type] _____

Physician's Signature _____ Date Signed _____

Physician's Address _____ Physician's Telephone Number _____

STATEMENT OF PERSON ADMINISTERING PRESCRIPTION MEDICATION:

I have agreed to administer the prescription medication as herein requested by the parent/guardian and as prescribed by the Physician. I will maintain a log of such administration.

Signature of Person Administering Prescription Medication _____ Date Signed _____

Signature of Principal _____ Date Signed _____

Copies to : [Principal (Original), Parent/Guardian, Physician, Person Administering]

Personal information on this form is collected under the authority of the Education Act, and amendments thereto, and the policies of the Thames Valley District Board of Education. It will be used for educational, health and welfare purposes affecting the student. For further information about collection practices, contact the school Principal.