



ADMINISTRATION OF MEDICATION IN WATERLOO REGION DISTRICT SCHOOL BOARD AND WATERLOO CATHOLIC DISTRICT SCHOOL BOARD (JK-12)

Please Note:

1. It is understood that preferred practice is that all medication be administered by the parent/guardian at home during non-school hours. The parent/guardian shall 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.
2. This form and related board policies, are supported by the Waterloo Region Medical Officer of Health.

To Be Completed by Parent/Guardian:

Name of Student: _____ Birthdate: _____
 School: _____ Grade: _____
 Home Address: _____
 Phone Number of Parent/Guardian: (Home): _____ (Work): _____
 Name of Dispensing Pharmacy: _____
 Pharmacy Address: _____ Phone: _____
 Name of Physician: _____
 Address: _____ Phone: _____

1. As the parent/guardian of the above-named student, I request and authorize the administration to said student of the prescribed medication referred to below, using the procedures outlined below, by school personnel, who I acknowledge are not medically trained to administer medication.
2. I understand that no more than one month's dosage is to be sent to the school at any one time.
3. I understand and accept that if questions arise about administering the medication, the school 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. I also understand and accept that 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 parents/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 referred to below are necessary. A new copy of this medication form must be completed for any change in the medication prescribed and/or the administrative procedure referred to below.
5. I also understand and accept that the school principal can reserve the right to refuse to administer treatment to the student if the necessary information is not provided by the parent/guardian.
6. I confirm that I have asked the student's physician if the medication must be administered during school hours and he/she has also advised.
7. The information gathered in this form is collected pursuant to The Education Act and the Municipal Freedom of Information and Protection of Privacy Act.
8. The information will be used to assist with meeting the health needs of the student.
9. If there are questions about the information gathered on this form, please contact the principal of the student's school.
10. This request will terminate on June 30 of each school year.
11. 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.
12. I hereby acknowledge that I have read and fully understand the terms set out herein.

Parent/Guardian Signature

Authorization for the collection of this information is the Education Act R.S.O., 1990, c.E.2 and the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purposes of the education of students. Questions about the collection of this personal information should be directed to the Freedom of Information, Privacy and Records Information Management Officer, Waterloo Region District School Board.

July 2011

MEDICATION INFORMATION

MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN		
Diagnosis/Reason for Medication:		
Medication(s) Prescribed	Dosage	Time of Administration
1.		
2.		
3.		
4.		
Possible side effects (if any):		
Duration of continuing medication(s):		
Parent/Guardian Signature:		
Date:		

Document Management:
Home School

Retention:
Non OSR School File – Current Year

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