

HAMILTON WENTWORTH CATHOLIC DISTRICT SCHOOL BOARD

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

Part I To be completed by the attending physician when medication is initiated or changed.

(Please type or print)

Student's Name: _____ Birthdate: _____

Address: _____ School: _____

This is to advise that I have prescribed the administration of the following medication listed below for those days when the above-mentioned student is in school:

1. Name of Medication _____
Method of Administration _____
Dosage _____ Time(s) _____
2. Expected date of discontinuation: _____
3. Must the medication be taken during school hours? _____
4. Contra-indications to giving medication: _____
5. Please specify possible hazards or side effects of medication:

6. Action to be taken should a reaction occur: _____

7. Allergies which should be noted (if applicable): _____

8. Additional instructions (e.g., storage of medication, etc.):

Physician's Name: _____ Telephone: _____

Address: _____

Physician's Signature: _____ Date: _____

IS-96-56 (To be placed in Documentation File of O.S.R).

HAMILTON-WENTWORTH CATHOLIC DISTRICT SCHOOL BOARD

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

PART II -To be completed by Parent/Guardian when medication is initiated, changed, and annually at the beginning of each new school year.

.(Please type or print)

This is to authorize the administration of the medication(s) prescribed by the attending physician from _____ to _____ for: date date

Student's Name: _____ Birthdate: (yyyy/mm/dd) _____

School: _____

Medic Alert I. D.: Yes _____ No _____

I give permission for my child to self-administer the medication prescribed by the attending physician. Yes ___ No ___ Signature of Parent/Guardian: _____ Date: _____ (Year, Month, Day)

I release and agree to indemnify the Hamilton-Wentworth Catholic District School Board and its staff from any liability or damages incurred by any party as a consequence of the administration or lack of administration of medication to my child. Signature of Parent/Guardian: _____ Date: _____ (Year, Month, Day)

NOTE:

- Parents are requested to PLACE MEDICATION IN INDIVIDUAL CONTAINERS, preferably those in which the medication was supplied from the pharmacist/physician. The containers should be PROPERLY LABELLED indicating the NAME of MEDICATION, STUDENT'S NAME, AND ADMINISTRATION DIRECTIONS. The medication will be delivered by parent/guardian, according to an agreed schedule, to the Principal or designated person for safe keeping, unless otherwise determined.

In case of EMERGENCY, the contact persons are:

Name _____ Name _____

Telephone _____ Telephone _____

Relationship _____ Relationship _____

Under The Municipal Freedom of Information and Protection of Privacy Act, 1989, information in forms and documents pertaining to a student registered/enrolled within The Hamilton-Wentworth Catholic District School Board is collected under the legal authority of The Education Act, and its Regulations, and the Ontario Student Record (O.S.R.) Guideline, 1989. This information is being collected to ensure that the educational program which is provided meets your child's needs.

INDIVIDUAL STUDENT LOG OF ADMINISTERED MEDICATION
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NAME OF STUDENT: _____

BIRTHDATE (YYYY/MM/DD): _____

ADDRESS: _____

TELEPHONE: _____

SCHOOL: _____

PRINCIPAL: _____

MEDICATION	DESCRIPTION OF MEDICATION (pill, liquid, colour, etc.)	METHOD OF ADMINISTRATION (mixed with food, spoon, etc.)	DOSAGE	DATE	TIME	COMMENTS	SIGNATURE/INITIALS OF PERSON ADMINISTERING

(To be placed in The Documentation File of O.S.R.)

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(To be placed in The Documentation File of O.S.R.)

HAMILTON-WENTWORTH CATHOLIC DISTRICT SCHOOL BOARD

TO BE POSTED BY TELEPHONE IN MAIN OFFICE

9-1-1- Protocol For Administration of Medication

1. This is _____ School.
2. We are located at:
Address: _____
Nearest Major Intersection: _____
Telephone Number: _____
3. We have a student who has had a negative reaction to her/his medication (name of medication) _____ We need an ambulance immediately.
4. The closest entrance for the ambulance is on: _____
Ave./Road/Street
5. A staff member will be outside of the school entrance to provide more information.
6. Do you need any more information?
7. How long will it take you to get here?
8. Call parent/guardian/emergency contact.