

REQUEST FOR ADMINISTRATION OF MEDICATION/MEDICAL TREATMENT

(Retain copy of Page 1 and 3 in Emergency File to accompany student on all field trips)

The following information will be used for the purposes of responding to the medical needs of your child. All information placed in a student's file will be protected and used in compliance with the Freedom of Information and Protection of Privacy (FOIP) Act.

Please Print

Student's Name: _____ **Date of Birth:** _____

School: _____ **Grade:** _____ **Teacher:** _____ **Principal:** _____

Parent/Guardian Name: _____

Address: _____

Phone: Home _____ **Day (Mother)** _____ **Day (Father)** _____

Other Emergency Family Contact: Name _____

Phone: _____ **Relationship:** _____

Personal Health Care Number (optional): _____

MEDICAL INFORMATION

1. Medical intervention which is being requested of school staff (Please check)
 - Medication Administration
 - Life threatening allergic reaction to: _____
 - Medical Procedure: _____
2. Purpose of Intervention: _____
3. Why is this necessary at school? _____

4. Medical Profile (please include all medications your child takes – attach if necessary)

Name of Medication					

5. Student is able to self-administer: Yes ___ No ___
 6. Special storage information: _____
 7. Emergency procedure in event of reaction: _____
 8. Designate medical facility/hospital in the event of an emergency: _____
- Physician Name: _____ Physician's Telephone: _____

This information has been provided in confidence to assist in responding appropriately to the medical needs of my child.

(Parent Signature)

(Date)



AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION/MEDICAL TREATMENT

This Authorization is Subject to the Following:

- The parent or legal guardian is to provide the medication or medical supplies as prescribed or determined by the student’s physician and specific details pertaining to the administration of the medical treatment.
- The medication and certain medical supplies are to be provided in the original container.
- For medical equipment, complete and clear instructions as to its proper use are to be provided and the good working order of these devices will be the responsibility of the parent.
- The parent or legal guardian is to provide instruction on the proper administration of medication intervention.
- The parent is to provide instruction on the proper administration of the medical treatment **in cooperation with and under the direct supervision of a medical practitioner/health professional familiar with the procedure** (as necessary).**
- The parent/legal guardian is to repeat and update this instruction should:
 - the student’s medical condition change;
 - the intervention requirements change;
 - there be a change in school staff assisting the student in the medical intervention; and
 - assisting staff request a review or refresher of the medical intervention.
- The parent/legal guardian understands that for specific medical situations, school policy will require assisting staff to summon medical practitioners or paramedics.

I have provided the above and completed the required instruction at

_____ on _____
 (location) (date)

This session was attended by the following school staff:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Parent/Guardian Signature

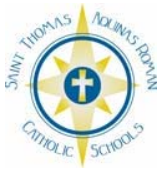
Date (Y/M/D)

I have supervised and assisted with the instruction of this medical intervention.

Medical Practitioner/Heath Professional

Title

Date (Y/M/D)



MEDICAL TREATMENT PROCEDURES

The parent, **in consultation with the attending physician or other appropriate health professional**, is responsible for providing the specific procedures for this Medical Intervention (attach illustrations and/or diagrams where necessary).

SYMPTOMS/EVENTS	ACTION

I have provided the above information, in consultation with the following professional.

Parent/Guardian Signature

Date (Y/M/D)

Medical Practitioner/Heath Professional

Title

Date (Y/M/D)

