

Date: _____



YORK REGION DISTRICT SCHOOL BOARD

STAFF ADMINISTRATION OF MEDICATION

It is the responsibility of parents/guardians to administer medication to their children. Treatment regimens should, where possible, be adjusted to avoid administration of medication during school hours. When this is not possible, parents may request assistance of school personnel through the principal. Students should be encouraged to accept the maximum responsibility for the self-administration of medication. (Policy 662.0, Procedure 662.1).

REQUEST FOR ADMINISTRATION OF MEDICATION (PLEASE TYPE OR PRINT INFORMATION)

A. Student Information:

Name: _____ Date of Birth: _____
Age: _____ School: _____
Grade: _____ Teacher: _____
Physician: _____ Telephone: _____

B. Parents/Guardian Information:

Parent/Guardian #1: _____
Telephone: _____
Parent/Guardian #2: _____
Telephone: _____

C. Medication Information

Name of Medication: _____
Storage Requirement: _____
Dosage and Time to be Given During School Hours: _____
Duration of Medication: _____

Medication must be supplied in the original, clearly labeled container from a registered dispensary. It must include:

- The student's name;
- Date of issue;
- Name of the medication;
- The name of the registered dispensary;
- The prescribed dosage and frequency;
- Period of use; and
- The name of the prescribing licensed physician or nurse practitioner.

Storage and location of spare medication and other supplies if applicable:

Date: _____

Disposal of unused medication and medical supplies if applicable (supply and disposal of unused medication and/or medical supplies are facilitated by the family):

I/We are the parents/guardians of _____
Student's Name

I/We hereby request that the York Region District School Board, its employees or agents, as outlined, administer the above procedure/medication to my/our child. The York Region District School Board employees are expected to support the student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures. I / W e acknowledge that the employees of the York Region District School Board, who will administer the related procedures/medications, are not medically trained. At all times it remains the responsibility of the Parent(s)/Guardian(s) to ensure that clear instructions and current physician's orders related to the use of the medication are provided to the principal. Parent(s)/Guardian(s) and their children are fully responsible for ensuring that the medication is taken as required. Parent(s)/Guardian(s) have been advised that neither the York Region District School Board, it's employees or agents, accept responsibility for any loss, damage or injury to the student or his/her family arising out of the administration of medication describe above.

I/We hereby acknowledge that I/We have read and fully understand the terms set out herein.

Parent(s)/Guardian(s) Signature: _____ Date: _____

NOTE: This request will terminate on June 30 of each school year. A new form must be completed for any change in the above instructions.

D. APPROVAL OF PRINCIPAL

Principal Signature: _____ Date: _____

Authorization for the collection of this information is in accordance with the *Education Act*, the *Municipal Freedom of Information and Protection of Privacy Act*, and the *Personal Health Information Protection Act*, as amended and applicable. The purpose is to assist with the meeting the health needs of the student. Users of this information include but are not limited to principals, teachers, support staff, volunteers, and bus drivers. This form will be kept for a minimum period of one calendar year. Contact person concerning this collection is the school principal.

FORM P662-02
Revised April 2019

Distribution:
Original Secure location accessible by school staff
Copy to OSR
Copy to Parent(s)

Retain: Minimum period of one calendar year

Date: _____