District School Board
Ontario North East

Appendix A

Parent/Guardian Authorization for the Administration of Prescribed and Non-Prescribed Medication

Parent/Guardian Medication Consent Form

Please be advised, it is understood that:

(a) Any member of the school staff may be required to administer the medication.

(b) It is the duty of the parent or guardian to ensure that the school is, at all times, kept a supply of the medication that has not passed the expiry date.

(c) The parent or guardian releases the school and its employees from any claim and agrees to indemnify those persons from any claim by his/her child.

Taking the above statements into account, I authorize the administration of the prescribed and/or non-prescribed medication for:

Student's Name: _____

Medication: _____

_____	_____	_____
Parent/Guardian Name	Parent/Guardian Signature	Date
_____	_____	_____
Witness Name	Witness Signature	Date

Note: Parents/Guardians are required to place medication in individual tamper proof containers, labeled with:

(a) The student's name.

(b) The pharmaceutical label indicating when and how to administer the medication.

Personal information is collected under the authority of the Education Act. Questions about this collection of personal information should be directed to: The Coordinator, Freedom of Information and Protection of Individual Privacy c/o Superintendent of Education, District School Board Ontario North East, P.O. Box 1020, Timmins, ON, P4N 7H7