

Medicine Administration Form

A. REQUEST FOR ADMINISTRATION OF MEDICATION

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Telephone: Home: _____ Cell: _____

Address: _____

Physician Name: _____ Telephone: _____

B. PARENT/GUARDIAN AUTHORIZATION

Name of Medication: _____

Storage Cautions, if any _____

Dosage: _____ Time to be Given During School Hours: _____

Duration of Medication Regime: _____

Cautions or Notable Side Effects: _____

I am the parent/guardian of _____. I hereby request that the above medication, using the procedure as outline above, be administered to my child by Evergreen Academy Inc., its employees or agents.

Evergreen Academy agrees to use reasonable care and diligence in the administration of medication to students. Parents/Guardians and students acknowledge that the employees of Evergreen Academy Inc. are not medically trained to administer medication. At all times it remains the responsibility of the parent to ensure that clear instructions from a medical practitioner relating to the use of the medication are provided. Parents and their children are fully responsible in ensuring that the medication is taken as required. Evergreen Academy Inc. assumes no liability unless caused by willful negligence or misconduct of the school or its employees.

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

Parent/Guardian 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.

C. APPROVAL OF DIRECTOR

Signature: _____ Date: _____

Distribution: Copy to Student Records / Copy to Parent(s)

The information gathered in this form is collected pursuant to the Education Act and the Municipal Freedom of Information and Privacy Act. The information will be used to assist with meeting the health needs of the student. If there are any questions about the information gathered on this form, please contact the principal at Evergreen Academy Inc.