



Administration of Medications/Medical Interventions in Chignecto-Central Regional School Board

*For the administration of oral, inhaled or over the counter medications (**not injections**) by prescription from an authorized health care professional; a request for the administration of the above mentioned medications prescribed must be made in writing by the parent/guardian to provide such services.*

A. To be completed by Parent/Guardian

Name of Student _____
Name of Parent/Guardian _____ Phone (H) _____ (W) _____
Street Address _____
School _____ Grade _____
Contact in case of emergency _____ Phone _____

I hereby request, authorize and empower the Chignecto-Central Regional School Board to administer medication or treatment as described herein to my child named above. I release any staff member and the Chignecto-Central Regional School Board from any legal liability that may result from the administration of such medication or the giving of such treatment. I also agree to indemnify the Chignecto-Central Regional School Board against claims at any time made arising out of the administration of medication or treatment described herein by my child or by MSI.

The request must be accompanied with copies of any written information provided by the pharmacist, including (but not limited to) the name of the medication, the dosage, the frequency, the time and method of administration, storage and safekeeping requirements, the possible side effects, if any and the dates for which the parental authorization applies.

Date _____ Signature of Parent/Guardian _____

1. Medication:

Medication Prescribed	Dose		Duration	Time of Admin.
	Amount	Frequency		

The parent/guardian is responsible for ensuring that the school receives new documentation any time a medication change occurs. Medication must be in its original container provided by the pharmacist with the pharmacy labels attached.

Type of In-school Intervention necessary:

2. Other: (medical interventions should be clearly stated in writing and attached to this release)

Considerations

- (a) Possible side effects of medication(s) /treatment _____
- (b) Type of storage required for medication _____
- (c) This medication can be safely administered by non-medical personnel. Yes ___ No ___
- (d) Will it be detrimental to the child's health if a single dose/treatment is omitted? Yes ___ No ___

For school use only: Date received: _____ Action taken: _____ Personnel Involved: _____
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