



REQUEST FOR ADMINISTRATION OF MEDICATION/MEDICAL TREATMENT

Used as per:

Admin. Reg. 120.1 (articles 4, 5, 6)
Admin. Reg. 120.2 (articles 1 and 5)
Admin. Reg. 120.4 (articles 1(a) and 2(b))
Admin. Reg. 120.5 (article 1(a), 1(b), 6(e), 6(i), 6(l), 6(m))

(Retain copy of Page 1 and Page 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 should be printed)**

Student's Name: _____ Date of Birth: _____ Grade: _____
School: St. Anne School Teacher: _____ Principal: _____
Parent/Guardian Name: _____
Address: _____
Telephone: Home _____ Day No.(Mother) _____ Day No.(Father) _____
Other Emergency Family Contact: Name: _____
Telephone: _____ Relationship: _____
Alberta 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. Medical Profile (please include all medications your child takes - attach list if necessary)

Name of Medication	Dosage	Time(s) of Day	Start Date Year/month/day	End Date Year/month/day	Symptoms: Reactions/Side effects

4. Student is able to self-administer: Yes _____ No _____
5. Special Storage Information: _____
6. Emergency procedure in event of reaction: _____
7. Designate medical facility/hospital in the event of an emergency: _____

Physician Name: _____ Physician's Telephone: _____

I am providing this information to assist in responding appropriately to the medical needs of my child during school hours. This information will be shared with school and bus transportation staff on a need to know basis.

(Parent/Guardian 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 (Administrative Policy 120, Administrative Regulations 120.1, 120.2, and 120.3, 120.4, 120.5)
- 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. 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 as per Administrative Policy 120.
- The parent is to provide instruction on the proper administration of the medical treatment after having received instruction from his/her medical practitioner/health professional (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
 - the assisting staff request a review or refresher of the medical intervention

I have provided the above and completed the required instruction at (location) _____
on (date) _____.

This session was attended by the following school staff.

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

Parent/Guardian Signature _____	YR _____	MO _____	DAY _____
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CONFIRMATION FROM STUDENT'S PHYSICIAN

I hereby confirm that the following medication _____
must be administered to _____ (name of student) during school hours.

I also confirm that:

- a) The service required is of such a simplistic nature that a lay person (teacher, teacher assistant, secretary) could successfully perform the function;
- b) The service has to be performed during regular school hours and / or approved school activities;
- c) The service is critical to the well being and functioning of the student; and
- d) No other reasonable alternative is available (i.e. through a community agency).

Name of Physician _____	YR _____	MO _____	DAY _____
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(TO BE FILLED OUT BY THE PARENT AND ATTENDING PHYSICIAN)

[illegible]

Parent/Guardian Signature	YR	MO	DAY
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Medical Practitioner/Health Professional Signature	YR	MO	DAY
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RELEASE FORM

Administration of Medication/Medical Treatment

The undersigned, _____, being the legal parent/legal guardian of _____, a student of the Edmonton Catholic Separate School District No. 7, do hereby request and authorize personnel employed by the District to provide necessary first aid and medical treatment to the said student, and for so doing, this will serve as a release and indemnification of and from any action or inaction of any personnel of the District associated with the rendering of first aid or administering of medical treatment to the said student. Further, the undersigned parent/legal guardian recognizes and acknowledges that the personnel employed by the School District who may, as a result of this request, be rendering first aid or administering medical treatment to the said student, are not medical practitioners.

Dated at _____, in the Province of Alberta,

this _____ of _____ A.D., _____
 day month year

 Signature of Parent/Guardian

 Signature of Witness

Note: School to retain copy in student file - School to provide copy to parent/guardian.