



Administration of Prescription Medication

Information to Parents

1. Where a parent/guardian indicates, in writing, that a pupil requires oral medication to be administered during the school day and requests that such be supervised by school staff, the parent/guardian shall complete the attached form.
2. Such medication as is required will be delivered by the parent/guardian to the office with the directions of the attending doctor attached.
3. The oral medication must be in original tamper-proof container from the pharmacy. Special instructions for storage must accompany the medication.
4. The physician's instructions must be attached to the permission form. Such instructions should delineate any side effects to the medication and describe observable characteristics and appropriate action to be taken by school personnel.
5. Direction, in writing, to the principal, must be provided by the parent/guardian each time the oral medication and/or the directions are changed.
6. The school will return to the parent/guardian any unused medication when requested by the parent/guardian or when the school is closed for Christmas Vacation, Mid-winter Break or the summer vacation.

The undersigned parent/guardian of _____, a pupil enrolled at _____ of Avon Maitland District School Board, the said student requiring regular medication to be administered pursuant to the direction of Dr. _____, telephone _____, hereby gives permission to the board and to its employees, to administer the following oral medication prescribed for the said child:

Medication _____

Dosage _____

Expected Side Effects (if any) _____

Time to Be Given _____

Date to Begin _____

Date to End _____

Permission is also granted for the principal to inform the bus driver on a field trip that my child is required to take medication while on the field trip.

Parent/Guardian

Witness

Date

Personal information on this form is collected under the authority of the Education Act. The information will be used for administrative purposes as determined by the purpose of the form. Questions about this collection of information should be directed to the Superintendent of Education, 62 Chalk Street, North, Seaforth, Ontario NOK 1W0 - Phone: 519-527-0111.