# Administration of Medication Parent/Guardian Authorization

I, (name) _____, hereby request and give my permission to the Principal and

school personnel (the staff) of the (school) _____

to administer medication as prescribed by a licensed physician as per attached Form B to my child

_____ (date of birth: _____).
year / month / date

I acknowledge that the staff is not trained in the administration of the medication nor in the diagnosis or treatment of my child's condition. I acknowledge that there may be adverse side effects resulting from the administration of this medication, nevertheless I request that the Principal or his or her designate administer the prescribed medication to my child and I hereby authorize them to do so.

It is my responsibility to have completed and signed by a licensed physician Form B（Administration of Medication During School Hours: Physician's Statement）, and when required, to pay any costs associated with the completion of such Form.

I acknowledge that it is also my responsibility to inform the Principal of any changes in the administration of the medication and to ensure the safe transportation of the medication to and from the school.

I acknowledge that I must complete a new request and authorization form for each school year or summer program and deliver said completed form to the Principal. I have received a copy of the Board's policy statement and policy management practices on the administration of medication and I agree to be bound by that policy.

I hereby release the staff, the Algonquin and Lakeshore Catholic District School Board, its Trustees, officers, and employees from any responsibility for damages suffered by my child as a result of the administration of the prescribed medication, and agree to indemnify and save harmless the staff and the Algonquin and Lakeshore Catholic District School Board, its Trustees, officers and employees from and against all third party claims and resulting liabilities and cost arising out of the administration of said medication.

I hereby consent to sharing pertinent information with respect to my child's medical needs to staff working at my child's school.

Name of parent/guardian: _____

Signature of parent/guardian: _____

Date: _____