UPPER GRAND DISTRICT SCHOOL BOARD
500 Victoria Road North, Guelph, ON N1E 6K2

509-1

CONSENT FOR ADMINISTRATION OF ORAL MEDICATION

Name of Student: .....

School .....

Date of Birth .....
Year Month Day Grade

Name of Parent/Guardian .....

Telephone .....
Home Business Ext.

Name of Prescribing Physician .....

Address .....

Telephone Number .....

Names of Medication .....

Condition Requiring Medication .....

Times of Administration .....

Dosage to be Given Each Day .....

Total Times Per School Day .....

Additional Instructions .....

Duration Medication to be Given .....

Anticipated Reaction (if any) .....

Additional Comments .....

Medication must be in the original container, affixed with a pharmaceutical sticker or label, the child's name, and the dosage. It is the parent's/Guardian's responsibility to educate their child on the administration procedures of their medication.

Parent/Guardian Permission

I hereby request and give permission to the Principal/Designate to assist my child with the administration of oral medication, in accordance with the instructions noted above. I hereby release the Principal/Designate and the Upper Grand District School Board from any claim for any harmful effects resulting from the administration of the medication as aforesaid including any faulty act relating thereto, and agree to indemnify and save harmless the Principal/Designate and the Upper Grand District School Board from all claims that may be made as a result of the administration of this medication.

Signature of Parent/Guardian/(Student if 18 years of age or older) **Date**

Authorization for the collection of this information is in the Education Act. Users will be the Principal, Teacher(s) and appropriate school support staff. The information is collected for the purpose of obtaining parental permission to administer oral medications and works in conjunction with the oral medication log form 509-2. These forms will be retained for a period of one year from the date signed by the parent. Contact person for queries concerning this information is the school Principal.

Revised 2010 04