Administration of Medications and/or Treatment
Consent and Release Form

A. **TO BE COMPLETED BY PARENT/GUARDIAN**

Name of Student: _____

Address:

_____

_____

_____

Contact in Case of Emergency: _____

Phone Number: _____

School: _____

Grade: _____

I, _____, give permission to non-medical personnel to administer the above-named medication to my child, during the school hours and hereby release that individual and the Nova Central School District from any liability arising there from.

Parent Signature: _____

Date: _____

Witness: _____

B. **TO BE COMPLETED BY PHYSICIAN**

Medical Condition Requiring Treatment:

_____

_____

_____

Medication:

Medication Prescribed	Dosage	Duration	Time of Administration

Side Affects of Medication:

_____

_____

_____

Special Handling and Storage Required:

_____

_____

_____

Can non-medical personnel safely administer this medication?

YES ☐ NO ☐

Physician's telephone number, in case of emergency: _____

_____ _____

Signature of Physician ***Date***

The personal information requested on this form is collected under the authority of the *Schools Act, 1997*. This information will be used for the establishment of a student record; to administer and evaluate educational programming and support services; to appropriately allocate staff and other resources; to determine eligibility for funding; for contact purposes in the event of problems or emergencies; for statistical purposes; and, for other purposes that relate directly to, and are necessary for, operating a program or activity. This information will be treated in accordance with the privacy protection provisions of the *Access to Information and Protection of Privacy Act* and school district staff are required by law to protect the personal information provided on this form. If you require further information on the collection and use of this information, contact the school principal or the Senior Education Officer (Corporate Services) at the district office.

For School Use Only:

Date Received:	
Action Taken:	
Personnel Involved:	