EDMONTON CATHOLIC SCHOOLS

REQUEST FOR ADMINISTRATION OF MEDICATION/MEDICAL TREATMENT

Used as per:
Admin. Procedure 316 (Appendix A, B C, D and E)

(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: _____

School:_____ Grade: ____ 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 Procedure 316, Appendix A, B, C, D and E).
- 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 Procedure 316.
- 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

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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MEDICAL TREATMENT PROCEDURES

(TO BE FILLED OUT BY THE PARENT AND ATTENDING PHYSICIAN)

The parent, **in consultation with the attending physician or other appropriate health professional**, is responsible for providing the specific procedures for this Medical Intervention (attach illustrations and/or diagrams where necessary).

Symptom/Event	Action (medical treatment, name of medication, dosage, method of administration, administer within X minute(s), if no relief, possible side effects)

I have provided the above information, in consultation with the following professional.

_____ _____

Parent/Guardian Signature YR MO DAY

_____ _____

Medical Practitioner/Health Professional Signature YR MO DAY

EDMONTON
CATHOLIC SCHOOLS

RELEASE FORM

Administration of Medication/Medical Treatment

The undersigned, _____, being the legal parent/legal guardian of _____, a student of the Edmonton Catholic Separate School Division, do hereby request and authorize personnel employed by the Division 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 Division 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 Division 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.

Revised February 2021