

FORT LA BOSSE SCHOOL DIVISION

TITLE - **MEDICAL ASSISTANCE POLICY***

POLICY - **JLCD-E1**

Approval Date - 13/04/98

Cross Reference -

Resolution # - 113/98

Implementation - 13/04/98

Legal Reference -

Last Reviewed - 21/08/07

Form A REQUEST To Administer Prescribed Medication

TO THE PARENT(S)/GUARDIAN(S): School staff will voluntarily assist in administering prescribed medication to students if required, but **ONLY** if this form is first completed and returned to the school. A new form is required each time the prescription changes. If it continues unchanged, a new form is required each September.

This personal information or personal health information is being collected under authority of Fort la Bosse School Division and will be used for educational purposes or to insure the health and safety of the student. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. If you have any questions about the collection, contact the Fort La Bosse School Division Access and Privacy Coordinator at 748-2692.

TO BE COMPLETED BY PARENT(S)/GUARDIAN(S):

1. I request that school staff assist in administering prescribed medication to my child as follows:

NAME OF STUDENT: _____

NAME OF MEDICATION: _____

DOSAGE AND FREQUENCY
OR TIME(S) OF ADMINISTRATION: _____

OTHER INSTRUCTIONS: _____

(e.g. how administered, _____

before or after eating, etc.) _____

2. The prescribing doctor is:

NAME OF DOCTOR: _____

ADDRESS: _____

PHONE: _____

3. I authorize the school to contact the doctor or the dispensing pharmacist for further information, and I authorize them to release any further information requested by the school.

4. The original pharmacist's label must be on the container itself; such as medication bottle, tube, inhaler, etc., and not merely on the package; and

Parent/Legal Guardian

