



**This form must be:**

- completed if a physical or medical condition may affect the student’s attendance at school,
- completed if medication is to be taken at school,
- reviewed and updated annually or sooner if there is a change in the student’s health concern or school registration.

**Student Name:** \_\_\_\_\_  
(Last Name, First Name, Initial)

**Date:** \_\_\_\_\_  
(YYYY/MM/DD)

**Home Room:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Section 1 – Health Concern or Medical Condition**

**Section 2 – Medication Management**

a) Medical Information – identify name, dosage, frequency and timing of administration, storage requirements

b) Potential side effects of medication

c) Response to side effects

d) Responsibilities –outline who does what and when



### Section 3 – Communication

How and when will parents be contacted and under what conditions

### Section 4 – Parent Contact Information

|                             |           |
|-----------------------------|-----------|
| Parent/Legal Guardian Name: | Phone(s): |
| Address: (with Postal Code) | Email:    |

### Section 5 - Signatures

#### Acknowledgement and Waiver by Parent or Independent student

1. Primary responsibility for the administration of medication rests with the student and the students' parents.
2. If granted, approval of this request is valid only for the school and school year in which it is submitted.
3. Any change in the student's medical condition or medication is to be brought to the attention of the principal promptly.
4. Action taken by staff will be limited to what is possible in a schools setting and to what can be done by persons untrained in medical procedures.

**Name:** \_\_\_\_\_  
(Last Name, First Name)

**Date:** \_\_\_\_\_  
(YYYY/MM/DD)

**Signature:** \_\_\_\_\_

#### Principal approval signature

**Name:** \_\_\_\_\_  
(Last Name, First Name)

**Date:** \_\_\_\_\_  
(YYYY/MM/DD)

**Signature:** \_\_\_\_\_

#### Authorization for Collection of Personal Information

Personal information is collected under the authority of the School Act and the Freedom of Information and Protection of Privacy Act. This information will be used to respond to the identified medical or physical needs of the student named above. If you have any questions regarding the collection of this information, contact the school principal.