



School: \_\_\_\_\_

Student's Name:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address:

Home: \_\_\_\_\_

Business (Mother): \_\_\_\_\_

Business (Father): \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Office Location and Address: \_\_\_\_\_

**MEDICATION AND OR MEDICAL TREATMENT REQUIREMENTS**

(To be completed by the Parent)

1. Medication(s) and/or Medical Treatment which the student requires:

\_\_\_\_\_

2. Medical condition(s) which make(s) the medication(s) and/or medical treatment necessary:

\_\_\_\_\_

3. Daily dosage and frequency of administration (include time of day):

\_\_\_\_\_

4. Description of Medical Treatment (attach a statement from the Physician detailing the medical treatment procedures).

\_\_\_\_\_

5. Storage requirements for medication(s)

\_\_\_\_\_

6. Need for staff assistance for medication (Yes ) (No )

If yes, explain the need:

\_\_\_\_\_

\_\_\_\_\_

7. Possible side effects of medication requiring emergency action:

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8. Action to be taken if an emergency arises:

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**PHYSICIAN'S ENDORSEMENT** (if required by the Principal)

1. The information provided by the parent above is correct.
2. The assistance required of staff is within the competence of a person untrained in medical procedures.

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGEMENT BY PARENT**

1. Primary responsibility for the administration of medication rests with the student and the student's parents.
2. Any change in the student's medical condition, medication or medical treatment is to be brought to the attention of the principal promptly.
3. Action taken by staff will be limited to what is possible in a school setting and to what can be done by persons untrained in medical procedures.
4. This Medical Care Application and Release Form is valid only for the school, and school year, in which it is submitted.

**WAIVER**

In signing this form, the parent or legal guardian releases the Grande Yellowhead Public School Division No. 77, its servants, employees and agents from and against all claims suits, demands and actions whatsoever taken now or in the future which may arise by reason of the administration of medication or medical treatment to the student. The action taken by staff as requested above is both requested and authorized. Staff is authorized to take emergency action as deemed appropriate.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**PRINCIPAL'S APPROVAL**

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

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