The Bruce-Grey Catholic District School Board

NON-PRESCRIPTIVE MEDICATION

Request for Assistance with Medication

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Student Full Name: ______________________ **Date of Birth:** ______________________

School: Sacred Heart School, Mildmay

In my opinion, it is necessary that the following medication be administered to my child when necessary.

☐ Oral Medication ☐ Other (please specify) ______________________

Name of Medication: ______________________

Purpose of Medication: ______________________

Dosage: ______________________

Expiry Date: ______________________

Frequency During School Hours: ______________________

Duration of Medication: ______________________

Anticipated Reaction to Medication: ______________________

Is Medic Alert Bracelet or Necklace Worn: ☐ Yes ☐ No

Allergy Identification: ______________________

Is Allergy Life Threatening: ☐ Yes ☐ No

☐ I request and herby give permission that my child, be assisted in taking the medication specified above. I agree that it is my responsibility to furnish and deliver the medication, which shall be labeled with the names of my child, the name, dosage and frequency of the medication. This request will expire on the last school day of June each year, or upon written request. I understand that any staff person involved in these procedures is acting "in loco parentis" and not as a health professional.

☐ I prefer to provide the assistance in medication personally.

Date: ______________________

____
Signature of Parent Assisting in Medication

Person Assisting in the Administration of Medication

I have agreed to assist in the administration of the Non-Prescriptive Medication as herein requested by the parent and to maintain a log of such assistances. I also understand that I am assisting in administering this medication under the principle of "in loco parentis", and not as a health professional. I am aware of the potentially severe nature and proper treatment of the medical condition.

Date: ______________________

____
Alternate

Continued ...

Approval Section *(valid until end of current school year)*

☐ Approved

Effective: ______________________

☐ Not Approved

Reason for Non-Approval:

Date: ______________________

____
Principal's Signature