



REQUEST FOR ADMINISTRATION OF MEDICATION/MEDICAL TREATMENT

Used as per:
Admin. Reg. 120.1 (articles 4, 5, 6)
Admin. Reg. 120.2 (articles 1 and 5)
Admin. Reg. 120.4 (articles 1(a) and 2(b))
Admin. Reg. 120.5 (article 1(a), 1(b), 6(e), 6(i), 6(l), 6(m))

(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)



RELEASE FORM

Administration of Medication/Medical Treatment

The undersigned, _____, being the legal parent/legal guardian of _____, a student of the Edmonton Catholic Separate School District No. 7, do hereby request and authorize personnel employed by the District 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 District 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 School District 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.