Request for Assistance to Administer Medication Form
Duty of Care

This form is to be completed if a student's attendance at school requires that medication be administered at the school with or without the assistance of school staff. Completion of this form and authorization by the school principal is required in all instances. This form must be completed when a student registers at a school and permission, if granted, may not be transferrable from one school to another. The information gathered in this form must be reviewed (and confirmed or updated) annually, or sooner if the student's condition changes as long as the student is in continuous registration at the school where this permission has been granted.

STUDENT INFORMATION (to be completed by Parent/Legal Guardian or Independent Student)

Student Number	**Date**	
School Attending	**Birthdate** DD/MM/YYYY	
Student's Legal Last Name	**Student's Legal First Name**	**Student's Legal Middle Name**
Parent/Legal Guardian Name	**Phone Number**	**Cellphone Number**

MEDICATION REQUIREMENTS (To be completed by the Physician for severe allergies or medical conditions requiring prescription medication. For other conditions, to be completed by the Parent/Legal Guardian/ Independent Student.)

A Physician's endorsement is required for administering prescription medication.

Medical condition(s) which necessitates the administration of medication at school:

_____

_____

Please fill out the medication names and details for administering them:

NAME OF MEDICATION	DOSAGE (HOW MANY? MUCH?)	FREQUENCY (HOW OFTEN?)	TIME OF ADMINISTRATION?

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS FOR EACH MEDICATION, IF APPLICABLE:

Medication storage requirements: _____

Does the student require assistance in administering medication?: Yes ☐ No ☐

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If the student requires assistance, please explain the nature of assistance: _____

_____

Possible side effects requiring emergency action: _____

_____

Action necessary if an emergency arises: _____

_____

Additional instructions or information: _____

_____

PHYSICIAN'S ENDORSEMENT

The preceding information provided by the parent/legal guardian or Independent Student is correct: ☐ Yes ☐ No

The assistance required of staff is within the competence of a person untrained in medical procedures: ☐ Yes ☐ No

Physician's Name (please print)	**Physician's Phone Number**
Physician's Location and Address	
Signature of Physician	**Date**

AUTHORIZATION REQUEST, CONSENT AND WAIVER

I hereby request that the above identified student be assisted with the administration of medication on the basis as set out above.

If my request is accepted, I acknowledge and agree that:

1. The above medical information is accurate, complete, and has been endorsed by the above-named physician.
2. Primary responsibility for the administration of medication rests with the student and myself, the student's parent/legal guardians;
3. Any change in the student's medical condition or medication(s) affecting this administration of medication request will be brought to the attention of the Principal promptly;
4. School based staff are not medically trained and will rely upon the information contained on this form in the administration of medication as requested, and action taken by staff will be limited to what is possible in a school setting;
5. Approval of this request is valid only for one (1) year, for the school and school year in which it is submitted.

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I acknowledge that I have read and understood why I have been asked to complete this form. I am aware of the risks or benefits of consenting or refusing to consent to the administration of medication to my child. In signing this form, the parent/legal guardian or independent student releases the Langley School District, 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 to the student. The action taken by staff as requested above is both requested and authorized. Staff are authorized to take emergency action when deemed appropriate.

Name of Parent/Guardian or Independent Student (please print)	**Signature or Parent/Guardian or Independent Student**	**Date**

ADMINISTRATOR'S APPROVAL

School	**Date**
Name of Administrator	**Signature of Administrator**