

Public Schools Branch
REQUEST FOR STUDENTS REQUIRING MEDICAL ASSISTANCE AT SCHOOL

Student: _____ **Address:** _____
Date of Birth: _____ **Telephone:** _____ **School:** _____
Teacher: _____
Mother's Name: _____ Telephone: _____ (Work) _____ (Home)
Father's Name: _____ Telephone: _____ (Work) _____ (Home)
Parent(s) Address: _____
Emergency Contact Name: _____ Telephone: _____
Address: _____
Reason for request that medication/procedure be administered by school personnel during the school day *(attach additional page, if necessary)*: _____

PERSON ASSIGNED/AGREEING TO ADMINISTER MEDICATION/PROCEDURE: _____

PHYSICIAN'S STATEMENT FOR STAFF ASSISTANCE DURING SCHOOL HOURS *[attach additional page, if necessary]*

Physician's Name *(please print)*: _____
In my opinion, the following procedures are medically appropriate for the above-named student and must be administered during school hours in order to permit the student to attend school.

1. Name of procedure(s) or medication: _____ Prescribed dosage: _____
2. Administration frequency per day: as required, OR other (please specify) _____
3. Physician's Instructions:
a) Duration or Medication/Procedure: remainder of school year, OR other (please specify) _____
b) Reason for the procedure/medication: _____
c) Method of administration: _____
d) Limitations on student activity: _____
e) Special training: _____
4. Cautions/Notable side-effects (if any): _____
5. Response to Side Effects: _____

Date: _____ Physician's Signature: _____ Telephone: _____

PARENT/GUARDIAN AUTHORIZATION AND RELEASE

Name of Procedure (if medication administration, please indicate prescription number): _____

I hereby request that the medication or procedure specified above be administered to my child. I understand that

(1) it is neither the objective nor the purpose of the school, or school personnel (except those whose job description specifies the provision of these services), to administer medication or medical/physical procedures to students and that they undertake this activity as a last resort and to assist my child in continuing to attend school;

(2) the person who will be administering the medication/procedure is not a health care professional but I have satisfied myself that he/she can carry out this responsibility;

(3) it is my responsibility to ensure that the school is given up-to-date, accurate and complete information regarding the medication/procedure;

(4) it is my responsibility to supply any equipment required to administer any procedure with clear instructions regarding its use, or any medication in containers clearly labelled by a pharmacist with instructions regarding its storage; and

(5) it is my responsibility to immediately advise the school of any changes in the physician's instructions or in any other information provided to the school in relation to this matter.

I, for myself, my heirs, executors, administrators and assigns also hereby release the Public Schools Branch, its Board of Directors, employees and agents, of any claims or liability for loss, damage or injury, howsoever caused, to my child or to any of my property arising out of the administration or failure to administer the medication/procedure as described herein, except for such loss, damage or injury as may arise by reason of the gross negligence or wilful misconduct of the employees or agents.

Date: _____ Parent/Guardian: _____
Note: The administration of this procedure will cease June 30 of each school year, when the procedure is no longer required, as specified above, or upon appropriate notice to the parent(s), whichever comes first.

PERSON ADMINISTERING MEDICATION, MEDICAL OR PHYSICAL PROCEDURES

I agree to carry out the procedure as herein requested by the parent/guardian and as explained by the physician.
Date: _____ Signature: _____

Personal information on this form is collected under Section 31(c) of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988 c. F-15.01 as it relates directly to and is necessary for purposes of providing services to students and will be used for purposes of Public School Branch operations and administration. If you have any questions about this collection of personal information, you may contact the Public Schools Branch by telephone at 902.368.6990, 902.888.8400, or toll free at 1-800-280-7965.