



3945 Matchette Rd.  
Windsor, Ontario N9C 4C2  
T: 519.977.2200  
Toll Free: 1.800.976.JMCC  
F: 519.977.2201  
<http://school.jmccentre.ca>

## Request & Authorization for the Administration of Prescription Medication by School Staff

(Please print)

STUDENT'S NAME: \_\_\_\_\_

STUDENT'S  
BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

TEACHER: \_\_\_\_\_

EMERGENCY: Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

### REQUEST AND APPROVAL OF PARENT/GUARDIAN:

*I hereby request and give permission for prescription medication prescribed herein to be administered to my child who is named above for the duration indicated by the Physician. I will provide the medication in the original container.*

**NOTE: IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO NOTIFY THE PRINCIPAL OF ANY CHANGES IN THE PRESCRIBED MEDICATION OR IN THE ADMINISTRATION OF THAT MEDICATION. THIS AUTHORIZATION WILL EXPIRE ON THE DATE INDICATED BY THE PHYSICIAN OR ON JUNE 30<sup>TH</sup> OF EACH SCHOOL YEAR.**

*I release the John McGivney Children's Centre School Authority, its employees and agents from any liability for loss, damage or injury, howsoever caused, to my child's person or property arising out of administering, or failure to administer the procedure as provided herein.*

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**The following medication has been prescribed. It is necessary for this medication to be administered during school hours by personnel other than the parent/legal guardian.**

### STATEMENT OF PHYSICIAN:

1. Name/type of prescription medicine \_\_\_\_\_

2. Dosage/amount to be given \_\_\_\_\_

3. Frequency/interval \_\_\_\_\_

4. Instructions for administration \_\_\_\_\_

5. Duration \_\_\_\_\_

6. Anticipated reaction to medication (notable side effects) \_\_\_\_\_

\_\_\_\_\_  
Medical Practitioner's Name (Print or type)

\_\_\_\_\_  
Medical Practitioner's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Medical Practitioner's Address

\_\_\_\_\_  
Medical Practitioner's Telephone Number



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**ADDITIONAL INFORMATION:**

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

\_\_\_\_\_  
Date Signed

**Copies to: [Principal(Original), Parent/Guardian, Teacher, Educational Support Staff Administering]**