



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

Request & Authorization for the Administration of PRN 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 30TH 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 _____

(Please Type or Print)

STUDENT'S MEDICAL CONDITION (e.g. Epilepsy, Asthma): _____

SPECIFIC SYMPTOMS necessitating the administration of the PRN Medication: _____

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 (symptoms, side effects) _____

Medical Practitioner's Name (Print or type) _____

Medical Practitioner's Signature _____

Date Signed _____

Medical Practitioner's Address _____

Medical Practitioner's Telephone Number _____

FORM Nbr: SA 10002 (b)

REV: June 11/19

FILE: S:\Forms\Drive Uploads\SA10002 (b) Request and Authorization for the Administration of PRN Prescription Medication by School Staff.doc



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VALIDATION PROCEDURES PRIOR TO ADMINISTRATION OF MEDICATION:

Before a PRN medication is administered to a student, designated staff must validate when the medication was last given to determine that the administration time complies with authorized frequency of administration. This determination may be accomplished by taking one or all of the following actions:

- Referring to the Record of Administration of Medication by School Staff for documentation of the time the last dose was administered;
- Referring to the Parent/Guardian/Daycare written documentation for verification of the time the last dose was administered;
- Noting the time of the request and validating that the student has been in attendance at school for the length of time of the authorized frequency for PRN medication administration;
- Calling the parent/guardian to validate when the medication was last given at home when the student has been in attendance at school less than the length of time of the authorized frequency for the administration of the PRN medication;
- Before administering PRN medications, the staff member must validate the symptoms being experienced by the student as the symptoms identified by the prescribing physician in allowing for the administration of the medication;
- When a PRN medication is administered, the information recorded on the Record of Administration of Medication by School Staff includes the symptoms for which the PRN medication was administered.

ADDITIONAL INFORMATION:

Signature of Principal

Date Signed

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