

REQUEST FOR ADMINISTRATION OF MEDICATION/MEDICAL TREATMENT

Used as per: Admin. Procedure 316 (Appendix A, B C, D and E)

(Retain copy of Page 1 and Page 3 in Emergency File to accompany student on all field trips.)

The fo	ollowing inform	ation will b	e used for the purpo	ses of responding to	the medical needs	of your child.(All information			
	l be printed)								
Student's Name:					Date of Birth:				
School:			Grade: Teacher:		Principal:				
Parer	nt/Guardian Na	ame:							
Telephone: Home			Day No.	(Mother)	Day No.(F	Day No.(Father)			
Othe	r Emergency F	amily Con	ntact: Name:						
Telep	ohone:		Relationship:						
Albe	rta Personal H	ealth Care	Number (optiona	ıl):					
MEL	OICAL INFO	RMATIO	N N						
1.				quested of school	staff (Please che	eck)			
••	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)								
Nam	e of Medication	<u> </u>	Time(s) of Day	Start Date Year/month/day	End Date	Symptoms:			
4.	Student is a	able to self	f-administer: Yes	No					
5.	Student is able to self-administer: Yes No 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:								
		g school h	ours. This inforn			e medical needs of my nd bus transportation			
	(Parent/Gi	(Parent/Guardian Signature) (Date)							

Authorization for the Administration of Medication/Medical Treatment

This Authorization is Subject To the Following:

- The parent or legal guardian is to provide the medication or medical supplies as prescribed or determined by the student's physician and specific details pertaining to the administration of the medical treatment (Administrative Procedure 316, Appendix A, B, C, D and E).
- The medication and certain medical supplies are to be provided in the original container.
- For medical equipment, complete and clear instructions as to its proper use are to be provided. The good working order of these devices will be the responsibility of the parent.
- The parent or legal guardian is to provide instruction on the proper administration of medication intervention as per Administrative Procedure 316.
- The parent is to provide instruction on the proper administration of the medical treatment after having received instruction from his/her medical practitioner/health professional (as necessary).
- The parent/legal guardian is to repeat and update this instruction should:
 - the student's medical condition change
 - the intervention requirements change
 - there be a change in school staff assisting the student in the medical intervention
 - the assisting staff request a review or refresher of the medical intervention

I have provided the above and completed on (date)	` /		-	
This session was attended by the following	ng school staff.			
1	4.	•		
2	5.			
3,				
Parent/Guardian Signature		MO	DAY	
	TION FROM STU			must
				must
I hereby confirm that the following mobile administered to	nedication (name of st	udent) during sc	hool hours.	
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MEDICAL TREATMENT PROCEDURES

(TO BE FILLED OUT BY THE PARENT AND ATTENDING PHYSICIAN)

The parent, in consultation with the attending physician or other appropriate health professional, is responsible for providing the specific procedures for this Medical Intervention (attach illustrations and/or diagrams where necessary).

Symptom/Event	Action (medical trea administration, admin effects)	tment, name ster within 2	e of medication, X minute(s), if no	dosage, method of prelief, possible side
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			·	
		2.24		
I have provided the abov	ve information, in consultation	n with the foll	owing professiona	ıl.
D(C 1' C' 1		VD.		DAY
Parent/Guardian Signatu	are	YR	МО	DAY
Medical Practitioner/He	alth Professional Signature	VR	MO	DAY



RELEASE FORM

Administration of Medication/Medical Treatment

The undersigned,	, being the legal
parent/legal guardian of	,, 8
student of the Edmonton Catholic	Separate School Division, do hereby request and
authorize personnel employed by	the Division to provide necessary first aid and
medical treatment to the said stud	lent, and for so doing, this will serve as a release
and indemnification of and from	any action or inaction of any personnel of the
Division associated with the ren	dering of first aid or administering of medica
treatment to the said student.	Further, the undersigned parent/legal guardian
recognizes and acknowledges that	the personnel employed by the Division who may
as a result of this request, be rend	ering first aid or administering medical treatmen
to the said student, are not medica	l 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 s	tudent file - School to provide copy to parent/guardian.

Revised February 2021