

HALTON CATHOLIC DISTRICT SCHOOL BOARD
STAFF CONSENT TO ADMINISTER ORAL MEDICATION TO STUDENTS

DATE (yy/mm/dd): _____

This form is completed when Halton Catholic District School Board employees agrees to administer oral medication to a student upon the request and consent of the student's parent/guardian. A new form is required: a) at the initiation of this process; b) at the beginning of each school year; c) when medication changes. Staff agreeing to administer medication will do so according to the information in this form only.

A. (Please print)

STUDENT NAME:			ADDRESS/ POSTAL CODE:		
Date of Birth (dd/mm/yy)		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Student #:		
Grade:	Room:	Teacher:	Medic Alert I.D.? Y <input type="checkbox"/> N <input type="checkbox"/>		
Name of Father:		Home Tel.#	Bus. Tel. #	Cell Tel. #	
Name of Mother:		Home Tel.#	Bus. Tel. #	Cell Tel. #	
Name of Guardian:		Home Tel.#	Bus. Tel. #	Cell Tel. #	
Emergency Contact:		Home Tel.#	Bus. Tel. #	Cell Tel. #	

B. To be completed by the Staff person and Alternate Staff (please sign at the bottom)

Statement of Understanding

REGARDING STAFF CONSENT TO ADMINISTER ORAL MEDICATION TO STUDENTS

I/We accept responsibility, as an employee of the Halton Catholic District School Board, to provide the above named student with the medications listed in Part C of the applicable form(s) (MEDS. 1-P, Meds. 2-NP), properly completed under the authority and supervision of the prescribing doctor or under the authority of the student's parent/guardian.

Name of Staff (please print): _____ Alternate Staff: _____

Signature of Staff: _____ Alternate Staff Signature: _____

Alternate Staff #2 _____

Alternate Staff #2 Signature: _____

Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) is collected under the authority of the Education Act, and in accordance with the provisions of MFIPPA. Personal information on this form will be used for the purpose of the administering non-prescription medication to your child/ren, and the tracking of. If you have questions about this collection; use, and disclosure of this information, contact the Manager, Privacy, Records and Information Management at 905.632.6314 x233 privacy@hcdsb.org