



Administration of Medication or Medical Treatment Form Duty of Care with Medical Training

This form is to be completed if a student’s ***attendance at school requires that medication or medical treatment be administered at the school with or without the assistance of school staff.*** Completion of this form and authorization by the school principal is required in all instances. This form must be completed when a student registers at a school and permission, if granted, may not be transferrable from one school to another. This completed form must be obtained annually, or sooner if the student’s condition changes as long as the student is in continuous registration at the school where this permission has been granted.

Student information is to be completed by the Parent/Guardian.
 Medical Treatment Requirements and Medication Requirements – information can be completed by the parent/guardian or Physician, but does **require a Physician’s signature** for medical treatment or medication administration requirements.

STUDENT INFORMATION (to be completed by Parent/Legal Guardian or Independent Student)

Student Number		Date	
School Attending		Birthdate	DD/MM/YYYY
Student’s Legal Last Name	Student’s Legal First Name	Student’s Legal Middle Name	
Parent/Legal Guardian Name	Phone Number	Cellphone Number	



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MEDICAL TREATMENT REQUIREMENTS (Information to be completed by parent/guardian or physician, and then signed by the Physician for medical treatment that can be administered by staff that have limited training or no special training to administer.)

A Physician's endorsement is required for administering medical treatment.

Medical condition(s) which necessitates the need of medical treatment at school:

Description of **Medical Treatment(s)** procedure including any specialized equipment, training required, authorized sources of training and appropriate emergency response which necessitates the administration of medical treatment at school:

PHYSICIAN'S ENDORSEMENT FOR MEDICAL TREATMENT

The preceding information provided by the parent/legal guardian or Independent Student is correct: <input type="checkbox"/> Yes <input type="checkbox"/> No	
The assistance required of staff is within the competence of a person untrained in medical procedures: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physician's Name (please print)	Physician's Phone Number
Physician's Location and Address	
Signature of Physician	Date



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MEDICATION REQUIREMENTS (Information to be completed by parent/guardian or physician, and then signed by the Physician for severe allergies or medical conditions requiring prescription medication.)

A Physician's endorsement is required for administering prescription medication.

Medical condition(s) which necessitates the administration of medication or medical treatment at school:

Please fill out the medication names and details for administering them:

NAME OF MEDICATION	DOSAGE (HOW MANY? MUCH?)	FREQUENCY (HOW OFTEN?)	TIME OF ADMINISTRATION?

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS FOR EACH MEDICATION, IF APPLICABLE:

Medication storage requirements:

Does the student require assistance in administering medication?: Yes No

If the student requires assistance, please explain the nature of assistance:

Possible side effects requiring emergency action:

Action necessary if an emergency arises:

Additional instructions or information:



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PHYSICIAN'S ENDORSEMENT FOR ADMINISTERING PRESCRIPTION MEDICATION

The preceding information provided by the parent/legal guardian or Independent Student is correct: Yes No

The assistance required of staff is within the competence of a person untrained in medical procedures: Yes No

Physician's Name (please print)

Physician's Phone Number

Physician's Location and Address

Signature of Physician

Date



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AUTHORIZATION REQUEST, CONSENT AND WAIVER

I hereby request that the above identified student be assisted with the administration of medication or medical treatment on the basis as set out above.

If my request is accepted, I acknowledge and agree that:

1. The above medical information is accurate, complete, and has been endorsed by the above named physician.
2. Primary responsibility for the administration of medication and medical treatment rests with the student and myself, the student's parent/legal guardians;
3. Any change in the student's medical condition or medication(s) affecting this administration of medication or medical treatment request will be brought to the attention of the Principal promptly;
4. School based staff are not medically trained and will rely upon the information contained on this form in the administration of medication or medical treatment as requested, and action taken by staff will be limited to what is possible in a school setting;
5. Approval of this request is valid only for one (1) year, for the school and school year in which it is submitted.

I acknowledge that I have read and understood why I have been asked to complete this form. I am aware of the risks or benefits of consenting or refusing to consent to the administration of medication or medical treatment to my child. In signing this form, the parent/legal guardian or independent student releases the Grande Prairie Public School Division, its servants, employees and agents from and against all claims, suits, demands, and actions whatsoever taken now or in the future which may arise by reason of the administration of medication or medical treatment to the student. The action taken by staff as requested above is both requested and authorized. Staff are authorized to take emergency action when deemed appropriate.

Name of Parent/Guardian or Independent Student (please print)	
Signature or Parent/Guardian or Independent Student	Date



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PRINCIPAL'S APPROVAL

School	Date
Name of Principal	Signature of Principal

Personal information is collected under the authority of Alberta's Freedom of Information and Protection of Privacy (FOIP) Act and the Education Act. This information will be used to respond to potential emergency situations and/or to assist with medication application needs involving the students whom you have identified above. It will be treated in accordance with the privacy protection provisions of the FOIP Act. If you have any questions about the collection and/or its intended use, please contact the Principal, or the Division's FOIP Coordinator at 780-532-4491.