

MEDICAL CARE APPLICATION AND RELEASE FORM

School: _____

Student's name

First Name: _____ Surname: _____

Age: _____ Grade: _____

Name of Parent/Guardian: _____

Address: _____

Phone Number: _____

Business (Mother): _____

Business (Father): _____

Physician's Name: _____ Telephone: _____

Office Location and Address: _____

MEDICATION AND/OR MEDICAL TREATMENT REQUIREMENTS

(To be completed by the Parent)

1. Medication(s) and/or medical treatment required:

2. Medical condition(s) which make(s) the medication(s) and/or medical treatment necessary:

3. Daily Dosage and frequency of administration (include time of day):

4. Description of medical treatment (attach a statement from the Physician detailing the medical treatment procedures):

5. Storage requirements for medication(s):

6. Need for staff assistance for medication (yes) (No)
If yes, explain need:

7. Possible side effects of medication requiring emergency action:

8. Action to be taken if an emergency arises:

PHYSICIAN'S ENDORSEMENT (if required by the Principal)

1. The information provided by the parent above is correct.
2. The assistance required of staff is within competence of a person untrained in the medical procedures.

Signature of Physician: _____ Date: _____

ACKNOWLEDGEMENT BY PARENT

1. Primary responsibility for the administration of medication rests with the student and the student's parents.
2. Any changes in the student's medical condition, medication or medical treatment is to be brought to the attention of the principal promptly.
3. Action taken by staff will be limited to what is possible in a school setting and to what can be done by persons untrained in medical procedures.
4. This Medical Care Application and Release Form is valid only for the school, and the school year, in which it is submitted.

WAIVER

In signing this form, the parent or legal guardian releases Grande Yellowhead 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 is authorized to take emergency action as deemed appropriate.

Signature of Parent: _____ Date: _____

PRINCIPAL'S APPROVAL

Signature of Principal: _____ Date: _____