



ST. GABRIEL CATHOLIC ELEMENTARY SCHOOL

1361 Barton St. E.
Winona, Ontario
L8E 5L1

TEL: (905)523-2468 FAX: (905)643-6620
"CELEBRATING FAITH, FAMILY AND LEARNING"



Mrs. I. Fortino
Superintendent

Mr. B. Condari
Principal

Mr. D. Pereira
Vice-Principal

Re: Administration of Medication

Dear Parent(s)/Guardian(s),

The Hamilton-Wentworth Catholic District School Board requires that all forms regarding the administration of medication at school be updated at the beginning of each school year or when medication is initiated or changed.

The following forms are being sent home to ensure all information is current for your child.

1. **Appendix 4: Authorization for Administration of Medication – Physician Form** (*to be completed when the student is new to school and/or when medication is initiated or changed*)
2. **Appendix 5: Authorization for Administration of Medication – Parent Form** (*to be completed annually at the beginning of the school year and/or when medication is initiated or changed*)
3. Provide the school principal/designate with the name(s) of prescribed medication(s).
4. Provide a medication package properly marked with the name of the medication, the student's name, and the expiry date.
5. Replace expired/recalled medication with appropriate replacement medication.

If you have any questions or concerns, please contact Mr. Menegazzo at (905)523-2468.

Thank you for your continued cooperation and support.

Sincerely,

Mr. B. Condari
Principal

Mr. R. Menegazzo
Special Education Resource Teacher

HAMILTON WENTWORTH CATHOLIC DISTRICT SCHOOL BOARD

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

Part I To be completed by the attending physician when medication is initiated or changed. (Please type or print)

Student's Name: Birthdate:

Address: School:

This is to advise that I have prescribed the administration of the following medication listed below for those days when the above-mentioned student is in school:

- 1. Name of Medication Method of Administration Dosage Time(s)
2. Expected date of discontinuation:
3. Must the medication be taken during school hours?
4. Contra-indications to giving medication:
5. Please specify possible hazards or side effects of medication:
6. Action to be taken should a reaction occur:
7. Allergies which should be noted (if applicable):
8. Additional instructions (e.g., storage of medication, etc.):

Physician's Name: Telephone:

Address:

Physician's Signature: Date:

HAMILTON-WENTWORTH CATHOLIC DISTRICT SCHOOL BOARD

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

PART II - To be completed by Parent/Guardian when medication is initiated, changed, and annually at the beginning of each new school year.

(Please type or print)

This is to authorize the administration of the medication(s) prescribed by the attending physician from _____ to _____ for:
date date

Student's Name: _____ Birthdate: (yyyy/mm/dd) _____

School: _____
Medic Alert I. D.: Yes _____ No _____

- I give permission for my child to self-administer the medication prescribed by the attending physician. Yes ___ No ___

Signature of Parent/Guardian: _____

Date: _____
(Year, Month, Day)

- I release and agree to indemnify the Hamilton-Wentworth Catholic District School Board and its staff from any liability or damages incurred by any party as a consequence of the administration or lack of administration of medication to my child.

Signature of Parent/Guardian: _____

Date: _____
(Year, Month, Day)

NOTE:

- Parents are requested to PLACE MEDICATION IN INDIVIDUAL CONTAINERS, preferably those in which the medication was supplied from the pharmacist/physician.
- The containers should be PROPERLY LABELLED indicating the NAME of MEDICATION, STUDENT'S NAME, AND ADMINISTRATION DIRECTIONS.
- The medication will be delivered by parent/guardian, according to an agreed schedule, to the Principal or designated person for safe keeping, unless otherwise determined.

In case of EMERGENCY, the contact persons are:

Name _____ Name _____

Telephone _____ Telephone _____

Relationship _____ Relationship _____

Under The Municipal Freedom of Information and Protection of Privacy Act, 1989, information in forms and documents pertaining to a student registered/enrolled within The Hamilton-Wentworth Catholic District School Board is collected under the legal authority of The Education Act, and its Regulations, and the Ontario Student Record (O.S.R.) Guideline, 1989. This information is being collected to ensure that the educational program which is provided meets your child's needs.