



Consent to Administer Medication Ongoing or Long Term

To be completed each year by the Parent/Guardian and Physician

Renfrew school location: _____ Grade: _____

Child's name: _____
First name Surname Age

Parent's/Guardian's name: _____
First name Surname

MEDICAL REQUIREMENTS (To be completed by the parent)

Medication(s) required:

Dosage and time interval:

Medical condition(s), which make the medication(s) necessary:

If medication is administered to **control seizures**, please indicate how many, and/or what type of seizure would be considered out of the ordinary for this child and when parents or EMS need to be contacted.

If medication is administered to **control or prevent asthma attacks**, please indicate when and how to administer the medication.

- ☐ At the first sign of asthma symptoms (wheezing, coughing, shortness of breath) Dosage: _____
- ☐ Before physical activity (preventive) Dosage: _____
- ☐ At scheduled times Dosage: _____
- ☐ Other (e.g. poor air quality), please specify: _____ Dosage: _____

PHYSICIAN'S ENDORSEMENT

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

Date

Physician's Name

Physician's Signature

ACKNOWLEDGEMENT BY PARENT(S)/GUARDIAN(S)

3. Any change in the student's medical condition or medication is to be brought to the attention of the school.
4. This medical release form is valid only for the school year in which it is submitted.
5. 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.
6. For students on Renfrew buses, backpacks that contain any medication must be handed directly to the driver who will keep the bag up front away from other children.

WAIVER

By signing this form, the parent or legal guardian releases Renfrew Educational Services and its employees 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 to the student. The action taken by staff as requested above is both requested and authorized.

Date

Parent's/Guardian's Name

Parent's/Guardian's Signature