

 <small>NIAGARA CATHOLIC DISTRICT SCHOOL BOARD</small>	<p><b>NIAGARA CATHOLIC DISTRICT SCHOOL BOARD</b>  <b>ADMINISTRATION OF PRESCRIBED AND NON-PRESCRIBED</b>  <b>MEDICATION DURING SCHOOL HOURS</b></p>
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*This information is being collected under the Authority of The Education Act, and will be used for the purposes of administering prescribed and non-prescribed medication during school hours. Questions about this collection should be directed to the Superintendent of Education - Special Education, Niagara Catholic District School Board  
 427 Rice Road, Welland, ON L3C 7C 1 Telephone (905) 735-0240*

TO BE COMPLETED BY PARENT/GUARDIAN		TO BE COMPLETED BY PHYSICIAN	
Name of Student		Name of Physician	
Student's Date of Birth	Grade	Street Address	
Day            Month            Year			
School		City	Postal Code
Student's OEN #		Telephone	
Parent/Guardian Telephone		Name of Medication	
Home: _____		Condition for Which Medication is Prescribed	
Mobile: _____		Possible Side Effects	
Business: _____			
e-mail: _____			
Emergency Contact		Times Per School Day for Administration	
Name: _____			
Telephone: _____		Dosage Per Administration	
Mobile: _____			
Parent/Guardian Approval		Administration Parameters (Dates)	
<i>I hereby request and give permission to</i>		From: _____ To: _____	
_____		Storage Requirements	
<i>school to administer the noted medication according to Board procedures and the instructions of the Physician.</i>			
<i>(Remaining Medication will be returned to the Parent/Guardian)</i>			
Date: _____		Date: _____	
Signature: _____		Signature: _____	
Parent/Guardian		Physician	

APRIL 2009

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**NOTE: PLEASE RETAIN A COPY FOR THE DURATION OF THE STUDENT'S ATTENDANCE AT THE SCHOOL**

*Original kept in Documentation file in OSR*