



SCHOOL DISTRICT NO. 50 (HAIDA GWAII)  
BOARD POLICY MANUAL

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**H.5.1 (4750-1) REQUEST AND RELEASE FOR ADMINISTRATION OF MEDICATION**

Adopted: November 1999

Last Revision: \_\_\_\_\_

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I/We \_\_\_\_\_ the parents(s)/legal guardian(s) of

STUDENT'S NAME	I.D. NO.

Confirm that on the instructions of a qualified doctor, \_\_\_\_\_ (name of doctor) that it is necessary for \_\_\_\_\_ to receive the following medication at school for his/her medical condition.

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**TO BE COMPLETED BY ATTENDING PHYSICIAN:**

(Below specify manner of administration, e.g. orally, external application, injection and specify the daily administration times, if any).

MEDICATION	DOSAGE	ADMINISTRATION	FREQUENCY/TIME
1.			
2.			
3.			
4.			

I/WE HEREBY REQUEST that the above medication be administered by non-medical school staff to \_\_\_\_\_ in the above manner.

POSSIBLE SIDE EFFECTS
1.
1.
3.
4.

**ATTENDING PHYSICIAN**

\_\_\_\_\_

(Signature)

(Date)

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IN CONSIDERATION of the School Board authorizing certain of its employees to administer the above medication as required in this request and release form. I/WE HEREBY RELEASE AND FOREVER DISCHARGE the Board of Education, School District No. 50 (HAIDA GWAII), its members, officers, administrators and employees of and from all claims whatsoever and actions or causes of action which I/We have against the Board, its members, officers, administrators and employees arising out of the administration of the medication referred to in this request and release form.

DATED AT \_\_\_\_\_, B.C. \_\_\_\_\_, 20\_\_\_\_\_.