



ST. JAMES-ASSINIBOIA SCHOOL DIVISION JHCE-E-1

LL 88141

(Note: Form may be completed electronically if desired)

AUTHORIZATION FOR ADMINISTRATION OF ADRENALINE AUTO-INJECTOR (EPI-PEN)

1. Student Information (please print)

Child's Name: _____

Address: _____

Date of Birth: ____ / ____ / ____
 mmm / dd / yyyy

Phone: ____ - ____ - ____

School: _____ Program/Grade: _____

Parents/Guardians: _____

Home Phone: ____ - ____ - ____

Work Phone: ____ - ____ - ____

Emergency: ____ - ____ - ____

Cell Phone: ____ - ____ - ____

Manitoba Medical Number: _____ 9-Digit PHID Number: _____

2. Medication Information

Name of Prescribing Physician: _____ Phone: ____ - ____ - ____

Name of medication (as indicated on the label): _____

Diagnosis and/or reason for medication: _____

Describe circumstances under which medication is to be given: _____

3. Parent/Guardian Authorization

I have read the St. James-Assiniboia School Division "Administration of Urgently Required Medication and Treatment Policy JHCE "and understand that:

- If conditions of this policy are not met by the parents/guardians the school division may not be in the position to help the student in the event of medical needs/emergencies.
- Children are to have access to their medication at all times. Procedures to be followed are:
Medication for children shall be carried in an identified pouch or "fanny pack" on the child (developmentally appropriate), in a specified location, or on the adult responsible for administering the medication.
- Parents are responsible for ensuring that their child is trained in the use of auto-injectors (developmentally appropriate).
- I agree to assume all costs associated with medical treatment and transportation to hospital.

I hereby authorize the administration of _____
(Name of medication)

As prescribed by Dr. _____

Signature of Parent/Guardian _____ Date: _____

APPROVED June 22, 2004 Motion 16-03-04

I understand that my child's personal and personal health information will be kept confidential and protected in accordance with The Freedom of Information and Protection of Privacy Act (FIPPA) and The Personal Health Information Act (PHIA). I understand that any other collection, use or disclosure of personal information or personal health information about my child will not be permitted without my consent, unless authorized under FIPPA or PHIA, and will be used for the purpose of maintaining student records. If you have any questions about the collection of this information contact the Access and Privacy Officer, St. James-Assiniboia School Division, 2574 Portage Avenue, Winnipeg, MB R3J 0H8, (204) 888-7951.