

medication.

ST. JAMES-ASSINIBOIA SCHOOL DIVISION

JLCD-E-3

LL#1060891

AUTHORIZATION FOR THE SELF-ADMINISTRATION OF MEDICATION

(Prescription or Over-the-counter)

IDENTIFICATION	
Name	Birthdate/
Parent/guardian	Year Month Day Daytime phone(s)
Parent/guardian	Daytime phone(s)
Emergency contact	Daytime phone(s)
School name:	School year:
MEDICATION INFORMATION	
Name of medication	
PARENT/GUARDIAN AUTHORIZATION	
 I have read policy JLCD - Administering Medicines to Students, and I understand that: a) Prescribed medication must be brought to the school in a pharmacy labelled container. Over-the-counter medication must be brought to the school in the original container. b) For students in early and middle school, controlled substance medications (e.g. codeine, morphine) must be brought to the school by the parent/guardian or designated adult and stored in the school office or other adult only accessible locked location. 	
I acknowledge that my child can safely and responsibly carry and self-administer the medication listed above during school hours and understand that I am responsible for consequences which may result from lost or misplaced medication.	
Signing Parent/guardian name – Please Print	
Parent/guardian signature	Date
This authorization automatically terminates June 30th of	of the current school year or upon change in

I understand that my child's personal and personal health information will be kept confidential and protected in accordance with FIPPA and 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. If you have any questions or concerns about the collection of this information, contact the Access and Privacy Officer at the St. James-Assiniboia School Division, 2574 Portage Avenue, Wpg, MB R3J 0H8, telephone (204) 888-7951.