

Calgary Arts Academy

Authorization to Administer Medication and Release of Liability

This form is to be completed by a parent or legal guardian in consultation with a physician, if necessary, in order to request the storage and / or administration of any prescription or non-prescription EMERGENCY medication to a student by Connect Charter School staff. The information gathered for this request is valid for the current school year or for the specified date range only and must be reviewed upon expiry in order to continue storing or administering medication. Any change in this information must be reported to the school as soon as practicable.

Student Name: _____ Homeroom Teacher: _____
(Last) (First)

Dates of medication storage/administration: From _____ to _____
DD MM YYYY DD MM YYYY

MEDICATION INFORMATION: (To be completed by the Parent/Legal Guardian, for severe allergies or medical conditions requiring **prescription** medication. **A Parent/Legal Guardians' Endorsement is required for administering prescription medicine – see back of form.**)

Parents/guardians can provide information for conditions **not** requiring prescription medicine.

Medical condition requiring medication:

Description of medication (common name if possible) and dosage:

Name of Medication	Dosage	Frequency	Time of Day

Medication storage requirements:

Note: All medications to be administered in case of emergency must be contained in an original, childproof container bearing an original label indicating the student's name, medication type, dosage, and expiry date. Upon submission of this form, medications must be given to the teacher in charge for storage and administration as required. Please note any other specific storage instructions above.

Possible side effects or expected reactions to medication: *(Prescription medications must be accompanied by a detailed drug information sheet)*

Action plan in the event of a medical emergency resulting from this medication:

Additional instructions or information:

PARENT/LEGAL GUARDIAN ENDORSEMENT

The preceding information provided by the parent/legal guardian is correct. Yes No

The assistance required of staff is within the competence of a person untrained in medical procedures. Yes No

Parent/Legal Guardian Name (please print)

Parent/Legal Guardian Phone number

Parent/Legal Guardian Address

Signature of Parent/Legal Guardian

Date

ACKNOWLEDGEMENT AND RELEASE OF LIABILITY BY PARENT OR LEGAL GUARDIAN:

I do hereby acknowledge that:

1. The student and the student's parent or legal guardian is primarily responsible for the administration of medication.
2. Approval of this request is valid only for the school year or date range specified.
3. Any change to the student's medical condition or medication requirements is to be brought to the Principal's attention as soon as practicable.
4. Action taken by staff will be limited to what is possible in a school setting or during school activities by persons untrained in medical procedures.

In signing this request for school staff to assist with the storage and / or administration of medication during an outdoor education trip, I release Calgary Arts Academy, its servants, employees and agents from and against all claims, suits, demands, and actions whatsoever taken now or in the future which may arise from the administration of the indicated medication to the student named herein. Furthermore, I authorize the staff to take emergency action as deemed appropriate in the event of an adverse reaction to the administration of this medication.

(Parent / Legal Guardian – Print Name)

(Parent / Legal Guardian – Signature)

(Date)

Personal information is collected under the authority of Alberta's *Freedom of Information and Protection of Privacy Act* (FOIP) and the *School Act*. The information will be used to assist with the administration of medication and/or respond to potential emergency situations involving the student named herein. It will be treated in accordance with the privacy provisions of the FOIP Act.