

Dufferin Christian School
Authorization for Administering Medication



Section C; Parent/Guardian Authorization

I have read the attached policy and regulations and hereby request and authorize the school to administer the prescribed medication to my child in accordance with the regulation, including that:

- 1 Medications presented to the school not meeting the conditions of this regulation cannot be administered by school staff. The parent/guardian retains full responsibility for administering the medication.
- 2 The parent/guardian or designated adult is responsible for the delivery and supply of the medication. If requested, pharmacies will provide two original pharmacy-labeled containers.
- 3 The medication container must have the dispensing instructions noted on it and must have the official label of the pharmacy or a doctor's note to accompany the medication.
- 4 It is the responsibility of the parent/guardian to notify the school in writing of any changes in dosage or time of administration of medication.
- 5 The designated employee (or alternate) is to administer the prescribed medication.
- 6 Authorization must be renewed annually with student registration or upon change in medication.

I hereby request and authorize the school to administer the prescribed medication to my child. _____ (student's name) also certify that the first dosage was given at home and no adverse reactions occurred. School personnel are authorized to contact the physician regarding any questions as to the administration of this medication	
_____	_____
date	parent/guardian

OR

I hereby certify that _____ (student's name) is able to safely, competently and consistently manage his/her own medication, and I authorize the self- administration of the medication _____ (name of medication). I understand that I am responsible for consequences which may result from lost or misplaced medications.	
_____	_____
date	parent/guardian