
Form 316-1

v. 2019

ADMINISTERING MEDICATION OR MEDICAL TREATMENT

Authorization Form

Section I: To be completed by the Parent

I _____, hereby agree that I have given
(name of parent)

the school permission, under the criteria established in [Administrative Procedure 316](#), to assist
with the administration of _____
(name of medication or treatment)

to _____ for the following time frame:
(name of student)

From: _____ / _____ / _____ To: _____ / _____ / _____
month day year month day year

I also agree that it is my responsibility to pick up any unused portions of this medication at the end of the agreed upon timeframe, no later than the last instructional school day of the current school year.

It is also my understanding and part of this agreement, that in the event that I do not pick up the medication by the last instructional school day of the current school year, the school will destroy or dispose of the remaining medication and any expenses borne because of this action will be solely mine.

Dated this _____ day of _____, _____.
day month year

Signature of parent or guardian

Signature of School Principal

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ADMINISTERING MEDICATION OR MEDICAL TREATMENT

Authorization Form

Section II: To be completed by the Student's Physician

By completing this form, I _____, hereby confirm that I have
(name of Physician)

prescribed the administration of _____
(name of medication)

to _____ according to the following directions:
(name of student)

Dosage: _____

Frequency: _____

Any special instructions for storage and administration:

This medication is prescribed for the following timeframe:

From: _____ / _____ / _____ To: _____ / _____ / _____
month day year month day year

Signature of Physician

Form 316-3

v. 2019

ESSENTIAL ROUTINE SERVICES AND EMERGENCY PLAN

School Year: 20__ to 20__

Part One (1): STUDENT INFORMATION

Name of Student: _____ Date of Birth: ____/____/____
month *day* *year*

School: _____ Homeroom Teacher: _____

Parent/Guardian: _____

Physician: _____

Occupational Therapist: _____

Physiotherapist: _____

Description of student's health/medical condition(s):

ESSENTIAL ROUTINE SERVICES AND EMERGENCY PLAN

School Year: 20__ to 20__

Part Two (2): ROUTINE CARE PLAN - Complete Part Two (2) separately for each service required

Note: Provision of medication to manage an ongoing medical condition is considered an essential routine service

Name of Student: _____

Describe the care required:

How often is this required: _____

Student's ability to self-administer/self-care?

Any additional instructions: i.e. What apparatus is needed, if any? Care of apparatus. Storage/accessibility of medication.

Parent's responsibilities:

School's responsibilities:

Please provide any other information that would help us to understand your child's needs.

The school personnel listed on the next page have received the necessary training to provide the care described above.

ESSENTIAL ROUTINE SERVICES AND EMERGENCY PLAN

School Year: 20__ to 20__

Name of Student: _____

The school personnel listed below have received the necessary training to provide the care described on the previous page.

NAME	TITLE
] All Staff	
_____	_____
_____	_____
_____	_____

I have verified that _____ technique employed by the above named persons for the
(Name of service)
care of this student and find it acceptable.

Authorized health care professional*: _____

Date: _____ / _____ / _____
month day year

Title: _____

OR

Parent/Guardian: _____

Date: _____ / _____ / _____
month day year

Principal: _____

Date: _____ / _____ / _____
month day year

Teacher: _____

Date: _____ / _____ / _____
month day year

Other: _____

Date: _____ / _____ / _____
month day year

Supporting Documentation: _____

*** Note: The signature of an authorized health care professional may be required by the Principal depending on the level of complexity of the service requested.**

ESSENTIAL ROUTINE SERVICES AND EMERGENCY PLAN

School Year: 20__ to 20__

Part Three (3): EMERGENCY CARE PLAN - Complete Part Three (3) only if an emergency plan is required

Note: *This part is to be completed by the school in collaboration with the parent.*

Parent's Responsibilities:

School's Responsibilities:

ESSENTIAL ROUTINE SERVICES AND EMERGENCY PLAN

School Year: 20__ to 20__

Note: *If the requirements of the service requested have changed, complete a new Essential Routine Services and Emergency Plan form. If there are no changes, use this sign-off sheet to confirm the plan has been reviewed with the parent.*

This plan remains in effect for the 20__ to 20__ school year without change.

Parent/Guardian: _____

Date: _____ / _____ / _____
month day year

Principal: _____

Date: _____ / _____ / _____
month day year

This plan remains in effect for the 20__ to 20__ school year without change.

Parent/Guardian: _____

Date: _____ / _____ / _____
month day year

Principal: _____

Date: _____ / _____ / _____
month day year

This plan remains in effect for the 20__ to 20__ school year without change.

Parent/Guardian: _____

Date: _____ / _____ / _____
month day year

Principal: _____

Date: _____ / _____ / _____
month day year