



NIAGARA CATHOLIC  
DISTRICT SCHOOL BOARD

## ADMINISTRATION OF PRESCRIBED MEDICATION DURING SCHOOL HOURS

### To be completed by Parent, Guardian

Name of Student: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Parent's Telephone: Home: \_\_\_\_\_  
Business: \_\_\_\_\_

Alternate Emergency Contact:  
\_\_\_\_\_

### Parent's Approval:

I hereby request and give permission to \_\_\_\_\_  
\_\_\_\_\_ School to administer the noted  
medication according to Board procedures and  
and the instructions of the Physician.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Parent/Guardian

### Information

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Condition for which Medication is Prescribed:  
\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Times per School Day for Administration: \_\_\_\_\_  
\_\_\_\_\_

Dosage per Administration: \_\_\_\_\_  
Administration Parameters (Dates): \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Storage Requirements: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Physician

### RECORD OF ADMINISTRATION

Date	Time	Dosage	Signature	Date	Time	Dosage	Signature

Continued on Reverse



## MODEL FOR PROVISION OF SCHOOL HEALTH SUPPORT SERVICES

SUPPORT SERVICE	ADMINISTERED BY	PROVIDED BY	TRAINING & DIRECTION	CONSULTATION
I. Oral Medication	Pupil as authorized or Parent as authorized or Aide or other personnel	Pupil  Parent  School Board	Attending Physician  Attending Physician  School Board/Physician	Local Board of Health  Local Board of Health  Local Board of Health
	II. Injection of Medication	Pupil as authorized or Parent as authorized or Health Professional	Pupil  Parent  Ministry of Health	Attending Physician  Attending Physician  School Board
		Health Professional Health Professional	Ministry of Health Ministry of Health	Ministry of Health Ministry of Health
III. Catheterization Manual expression of bladder/stomach Postural drainage/suctioning Tube feeding	Health Professional	Ministry of Health	Ministry of Health	School Board
	Health Professional	Ministry of Health	Ministry of Health	School Board
	Health Professional	Ministry of Health	Ministry of Health	School Board
	Health Professional	Ministry of Health	Ministry of Health	School Board
IV. Lifting and positioning Assistance with mobility Feeding Toiletting	Aide or other personnel	School Board	School Board & Min. of Health	Ministry of Health
	Aide or other personnel	School Board	“	Ministry of Health
	Aide or other personnel	School Board	“	Ministry of Health
	Aide or other personnel	School Board	“	Ministry of Health
V. Therapies a) Physio/Occupational: ● Intensive clinical (treatment) ● General Maintenance exercises b) Speech ● Speech pathology (treatment) ● Speech correction and remediation	Qualified therapist	Ministry of Health	Ministry of Health	Ministry of Health
	Aide	School Board	Ministry of Health	Ministry of Health
	Speech Therapists/Paths.	Ministry of Health	Ministry of Health	Ministry of Health
	Speech and Language Teachers	School Board	School Board	Ministry of Health
VI. All Services in Children's Residential Care/ Treatment Facilities	Aides/Health Professionals	Ministry of Community and Social Services	Ministry of Community and Social Services	Ministry of Health