APPENDIX 1 – Consent Form (Self-Administer and/or Employee Administer)
To Carry and Administer Medication for a Prevalent Medical Condition

TO BE SIGNED BY PARENT/GUARDIAN UNLESS THE STUDENT IS 18 YEARS OF AGE
ADMINISTRATION OF MEDICATION
In the event of my child _____*(Child's Name)* experiencing a medical emergency, I consent to the administration of medication by an employee of the Nipissing-Parry Sound Catholic District School Board as prescribed by the physician and outlined in the Emergency Procedures of the Prevalent Medical Conditions Policy. Please specify the type of medication(s) to be administered. For example (but not limited to), epinephrine, antihistamine, inhaler, insulin, etc. 1. _____ 2. _____ 3. _____ 4. _____
PLEASE PRINT Class/Teacher: _____ Student's Name: _____ Name of Parent/Guardian: _____ Signature of Parent/Guardian: _____ Date: _____ Signature of Student: _____ Date: _____ (if 18 years of age or older)

MAINTENANCE OF MEDICATION

I understand that it is the responsibility of my child _____to carry _____ (specify type of medication) on his/her person.

PLEASE PRINT Class/Teacher: _____

Student's Name: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____
(if 18 years of age or older)

Name of Physician: _____ Physician Phone #: _____

COLLECTION, DISCLOSURE AND USE OF PERSONAL INFORMATION

☐ I acknowledge that the personal information I provide on the Prevalent Medical Condition form(s) is collected by the Nipissing-Parry Sound Catholic District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss.58.5, 265 use and 266 as amended. The information will be used for School and Board operations including but not limited to student registration, staff and resource allocation and to provide information to employees where necessary to support them in carrying out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and may be required to be disclosed in compelling circumstances, for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, please contact your school Principal.

OPTIONAL:

Additionally, I further consent to the disclosure and use of the personal information collected herein to persons, including persons who are not the employees of the Nipissing-Parry Sound Catholic District School Board, through the posting of photographs and medical information of my child (Plan of Care/Emergency Procedures) in the following key locations:

❒ classroom ❒ staffroom ❒ lunchroom ❒ other

❒ office ❒ school bus ❒ gym

and through the provision of personal information contained herein to the following persons who are not employees of the Board: please check (□) all applicable boxes

❒ Food service providers ❒ Child care providers

❒ Board approved transportation carriers ❒ Other _____

❒ School volunteers in regular direct contact with my child

Signature of Parent/Guardian:_____ Date: _____

Signature of Student: _____ Date: _____

(if 18 years of age or older)

Signature of Principal: _____ Date: _____

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

PLEASE NOTE THIS CONSENT EXPIRES AT THE END OF THE CURRENT SCHOOL YEAR