Thames Valley District School Board

Authorization for Administration of PRN Prescription Medication

(Please print)

STUDENT'S NAME: _____ **STUDENT'S BIRTH DATE:** _____

ADDRESS: _____ **TELEPHONE:** _____

SCHOOL: _____ **TEACHER:** _____

EMERGENCY: Contact Person: _____
Phone: _____

REQUEST AND APPROVAL OF PARENT/GUARDIAN:

I hereby request and give permission for prescription medication prescribed herein to be administered to my child who is named above for the duration indicated by the Physician. I will provide the medication in the original container.

NOTE: IT IS THE PARENT/GUARDIAN's RESPONSIBILITY TO NOTIFY THE PRINCIPAL OF ANY CHANGES IN THE PRESCRIBED MEDICATION OR IN THE ADMINISTRATION OF THAT MEDICATION. THIS AUTHORIZATION WILL EXPIRE WHEN THERE IS ANY CHANGE TO THE MEDICATION OR DOSAGE BY A HEALTH CARE PROVIDER.

I hereby release the Thames Valley District School Board, including its employees, staff, personnel and agents (hereinafter "TVDSB") from any liability for loss, damage or injury to my child's person or property which may arise out of the administration of medication authorized as provided herein, unless the damages, injuries or loss are a result of the gross negligence of the TVDSB.

_____ _____
Parent/Guardian Signature Date Signed

I hereby give my child permission to self-administer their own medication as outlined below.

_____ _____
Parent/Guardian Signature Date Signed

PLEASE TYPE OR PRINT IN BLOCK LETTERS

SPECIFIC SYMPTOMS necessitating the administration of the PRN Medication**:**

Statement of Health Care Provider (may include Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator or Certified Asthma Educator):

1. Name/type of prescription medicine_____
2. Dosage/amount to be given_____
3. Frequency/interval_____
4. Instructions for administration_____

5.
Duration_____
_____

6. Anticipated reaction to medication (symptoms, side effects)_____
_____
_____

Medical Practitioner's Name (Print or type)

Medical Practitioner's Signature | Date Signed

Medical Practitioner's Address | Medical Practitioner's Telephone Number

VALIDATION PROCEDURES PRIOR TO ADMINSTRATION OF MEDICATION:

Before a PRN medication is administered to a student, designated staff must validate when the medication was last given to determine that the administration time complies with authorized frequency of administration. This determination may be accomplished by taking one or all of the following actions:

- Referring to the Individual Student Log of Prescription Medication Administration for documentation of the time the last dose was administered;
- Noting the time of the request and validating that the student has been in attendance at school for the length of time of the authorized frequency for PRN medication administration;
- Calling the parent/guardian to validate when the medication was last given at home when the student has been in attendance at school less than the length of time of the authorized frequency for the administration of the PRN medication;
- Before administering PRN medications, the staff member must validate the symptoms being experienced by the student as the symptoms identified by prescribing physician in allowing for the administration of the medication;
- When a PRN medication is administered, the information recorded on the Individual Student Log of Prescription Medication Administration includes the symptoms for which the PRN medication was administered.

ADDITIONAL INFORMATION:

STATEMENT OF PERSON ADMINISTERING PRESCRIPTION MEDICATION:
I have agreed to administer the prescription medication as herein requested by the parent/guardian and as prescribed by the Physician. I will maintain a log of such administration.

Principal Name

Signature of Principal | Date Signed

Copies to: [Principal(Original), Parent/Guardian, Physician)

Notice of Collection: The personal information provided on this form and any other correspondence relating to involvement in Board programs is collected by the Thames Valley District School Board under the authority of the Education Act and Regulations (R.S.O. 1990 c.E.2) as amended. The information will be used to register the student in a school, for the collection of applicable student/activity fees, as well as for any consistent purpose. Information is shared with employees such that they may carry out their job duties. In addition, the information may be used or disclosed to comply with legislation, for compelling circumstances affecting health and safety or discipline, as required in circumstances related to law enforcement matters, or in accordance with any other Act. For questions about this collection, contact the Board's Freedom of Information Co-ordinator, Thames Valley District School Board, 1250 Dundas Street, London, Ontario, N5W 5P2, Telephone 519-452-2000 ext. 20218.