

THE DURHAM DISTRICT SCHOOL BOARD

Request for Administration of Medication by Injection in Emergency Situations

Student _____
School _____ Grade _____
Date of Birth _____
Address _____
Home Telephone Number _____
Parent's Name _____
Business Telephone Number _____

Physician's Instructions for Administering Medication by Injection

Physician's Name _____
Physician's Signature _____
Physician's Telephone Number _____
Physician's Address _____
Name of Medication: _____
Expiry Date of Medication: _____
Dosage: _____
Method of Administration: _____

Symptoms Indicating Emergency: _____

Dates for which authorization applies (length of time medication is given):

Possible side effects: _____

Special Storage & Safekeeping requirements (if necessary): _____

.../continued

Parent/Guardian Authorization and Release

I/We, the custodial parent(s) of , hereby request and give my/our authorization and consent to the Board to give the above medication to my./our child in the event of a suspected anaphylactic reaction by my/our child, according to the above medication information and instructions, and in accordance with the Board's administrative procedure(s) #5135 and #5135.1. I further certify to the accuracy of the information provided, and to the appropriateness of the means and process for injection/administration as outlined by my/our physician and/or as demonstrated by me/us to regular administrative, classroom and clerical staff who may be reasonably expected to administer an epipen injection to my/our child in an emergency.

I/We further release the Durham District School Board, its employees and agents from all manner of actions, causes of actions, suits, losses damages or injuries howsoever caused, by negligence or otherwise, arising out of the administration of the medication as provided herein, or arising due to a failure to administer the medication in circumstances in which the medication cannot or may not reasonably be administered as required. I/We do also hereby agree to indemnify the Board, and its employees or agents, for any losses or damages sustained by them as a result of actions or proceedings being commenced against them by myself/ourselves or my/our child, or any other parents or guardian of said child.

I/We hereby acknowledge that I/we have read and fully understand the terms set out herein.

Parent/Guardian #1 Signature

Parent/Guardian #2 Signature or

Signature of Parent standing in loco parentis to the child and having the legal authority to sign this document:

Note: This request will expire June 30 of each year.