

**LIMESTONE DISTRICT SCHOOL BOARD
AUTHORIZATION AND REQUEST FORM FOR THE
ADMINISTRATION OF PRESCRIBED MEDICATION**

PARENT'S AUTHORIZATION AND REQUEST

I, (name) _____, hereby request and give my permission to the Principal and school personnel (the staff) of the school) _____ to administer the medication described on the opposite side of this form to my child (name) _____.

I acknowledge that the staff is not trained in the administration of the medication nor in the diagnosis or treatment of my child's condition. I acknowledge that there may be adverse side effects resulting from the administration of this medication, nevertheless I request that the Principal or his or her designate administer the prescribed medication to my child and I hereby authorize them to do so.

I acknowledge that it is my responsibility to inform the Principal of any changes in the administration of the medication and to ensure the safe transportation of the medication to and from the school.

I acknowledge that I must complete a new request and authorization form for each school year and deliver said completed form to the Principal. I have received a copy of the Board's policy on the administration of medication and I agree to be bound by that policy.

I hereby release the staff, Limestone District School Board, its Trustees, officers, and employees from any responsibility for damages suffered by my child as a result of the administration of the prescribed medication, and agree to indemnify and save harmless the staff and Limestone District School Board, its Trustees, officers and employees from and against all third party claims and resulting liabilities and costs arising out of the administration of said medication.

Name of parent/guardian _____

Signature of parent/guardian _____

Date _____