EXHIBIT 1

IBB

HOLY SPIRIT CATHOLIC SCHOOLS

AUTHORIZATION AND REQUEST for the ADMINISTRATION OF PRESCRIBED MEDICATION

NAME OF STUDENT: _____ BIRTHDATE: _____

ADDRESS: _____ PHONE NO: _____

SCHOOL: _____

CLASS: _____ TEACHER: _____

PART 1: PHYSICIAN'S STATEMENT

1. Name/type of medication: _____
2. Purpose of medication/treatment: _____
3. Dosage/amount to be given: _____
4. Frequency/time to be administered: _____
5. Duration (week, month, indefinite). (One school year will be maximum). Each authorization must be renewed effective September 1st of each year.

   _____
6. Anticipated reaction to medication (symptoms, side effects, symptoms of toxic levels):

   _____
7. Action to be taken in event of hazards of negative reaction:

   _____
8. a) Maximum quantity of medicine to be stored on school premises: _____

   b) Length of time medicine may be stored: _____
9. Special instructions, if any, regarding the storage of administration of this medication (ie. other drugs (prescriptive and non-prescriptive) or foods that are contra-indicated with the drug.

   _____
10. Emergency Contact: _____

Parent's Signature: _____ **Date:** _____

Address: _____ **Phone:** _____

Physician's Signature: _____ **Phone:** _____

Address: _____

EXHIBIT 2

IBB

HOLY SPIRIT CATHOLIC SCHOOLS

AUTHORIZATION AND REQUEST for the ADMINISTRATION OF PRESCRIBED MEDICATION

PART 2: PARENT'S REQUEST APPROVAL

I hereby request and give my permission for the below-named school to administer medication prescribed on this form to my child. I make this request in the knowledge that school personnel have no special training or have limited training in the administration of the medication. Parents/guardians must inform the principal of any changes in the administration of the medication. A new request/authorization form must be completed and given to the principal. In addition, I accept responsibility to ensure the safe transportation of these medications to and from school. I hereby acknowledge that at my request the principal, or her/his designate, has been authorized to administer the prescribed medication:

NAMELY: _____

TO MY SON/DAUGHTER/WARD: _____

DATE OF BIRTH: _____ CLASS: _____

MM/DD/YYYY

SCHOOL: _____

And I hereby release the principal and/or her/his designate and the Holy Spirit Roman Catholic Separate Regional Division No. 4 from any claim for any harmful effects resulting from the administration of the prescribed medication and I hereby agree to indemnify and save harmless the principal and/or her/his designates and the Holy Spirit Roman Catholic Separate Regional Division No. 4 from all claims that may be made as a result thereof. I have received a copy of the board's policy on the administration of medication, and agree to follow the policy.

_____

Name of Parent/Guardian

_____

Signature of parent/guardian

_____

Date

IN THE CASE OF FOSTER PARENTS, PLEASE OBTAIN THE SIGNATURE OF AN ALBERTA SOCIAL SERVICES REPRESENTATIVE OR OFFICIAL

EXHIBIT 3

IBB

HOLY SPIRIT CATHOLIC SCHOOLS

DAILY RECORD OF MEDICATION ADMINISTERED TO STUDENTS

Name of Student: _____

Person Administering Medication: _____

Alternate people to administer medication: _____

Name of Medication: _____

Dosage to be administered: _____

Time (s) medication is to be administered: _____

The above information has been reviewed and verified: _____

_____
(Parent's/Guardian's Signature)

Name of Medication	Date	Time Administered	Amount Administered	Signature	

EXHIBIT 4

IBB

HOLY SPIRIT CATHOLIC SCHOOLS

PROCEDURE FOR ADMINISTRATION OF MEDICATION

NAME OF STUDENT: _____

1. Name/type of medication: _____
2. Dosage/amount to be given: _____
3. Location of medication: _____
4. Description of medication: (pill, liquid, colour, size, shape)

   _____
5. How to give to student: (Position? Spoon? Medication mixed with anything? Trouble with spitting?)

   _____

   _____
6. Possible student behavioural reactions, and what to do?

   _____

   _____
7. Emergency Contacts:

   _____

   _____
8. Contingency Plan: (What to do if medication is not in the school, damaged upon arrival, etc...)

   _____

   _____

   _____

   _____