



ADMINISTRATION OF MEDICATION
for ANAPHYLACTIC STUDENTS
Acknowledgement and Consent
(Students Under 18 Years of Age)

It should be understood that parents are asking non-medical persons to undertake the administration of prescription medications (i.e. epinephrine auto injector) and must, therefore, assume the associated inherent risks. School staff members providing assistance in the administration of prescription medication to students are not medically trained personnel. They will endeavour to follow all reasonable instructions, as provided on the Board forms S15(a) (Elementary) as S15(a1) (Secondary), in order to ensure the safety and security of each student.

If you choose to request school staff to administer prescription medication to your child, you must understand that you bear the responsibility of any accident that might occur.

s.3(4) Sabrina's Law, 2005

No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence.

In order to minimize these risks, parents should ensure that their requests include all information that might be needed to safely administer prescription medications, including the identification of possible side effects as identified, on the Board S15(a) and S15(a1), by a licensed physician. A one-time signature from a licensed physician is now required; both at the elementary panel and a one-time signature from a licensed physician at the secondary panel.

The York Catholic District School Board does not provide medical expense insurance on behalf of its students who require assistance in the administration of prescription medication.

It is your legal obligation to ensure that the information in your child's file is kept up to date with the medication that your child is taking.

ACKNOWLEDGEMENT and CONSENT

WE HAVE READ AND ACKNOWLEDGE THE ABOVE, AND HEREBY CONSENT TO THE ADMINISTRATION OF PRESCRIPTION MEDICATION TO _____ BY SCHOOL STAFF.
(name of student)

Signature of Parent/Guardian: _____ Date: _____

I have reviewed the existing S15(a) form signed by the physician, and verify that there are no revisions to the medical information at this time.

Signature of Parent/Guardian: _____ Date: _____