



The Maples

Medication Authorization Form

INDEPENDENT COUNTRY SCHOOL R.R. 4, Orangeville, Ontario L9W 2Z1 • Telephone: (519) 942-3310 Fax: (519) 942-8041

I _____, authorize the administration of _____
(print name) (name of medication)
to my child, _____, born ___/___/___, effective
(name of student)
_____ and continuing until _____, or further written
(date)

notice from myself, while he / she attends The Maples Independent Country School, (the "School").

- I have specified in the space below the frequency and dosage.
- I have delivered the medication named above to the *School* office or directly into the hands of my child's homeroom teacher.
- The medication is contained in its original container, clearly labeled, identifying the medication and the student for whom it is intended.
- I understand that the *School* will return the container(s) when the medication is finished.
- I understand and agree that my child must take the above named medication in the presence of a staff member.
- I understand and agree that this medication will be securely stored at the *School*.
- I understand that the above named medication **cannot** be stored in the *School* refrigerator.
- I release and forever discharge, indemnify and save harmless the *School* and its employees and agents against actions or claims arising from the use, misuse or administration of the above named medication.
- I understand and agree that if any changes occur in dosage, format or frequency of administration of long-term medication, I will notify the *School* immediately by completing and delivering a revised copy of the Medication Authorization Form.
- I understand and agree that these precautions are to be taken in order to protect my child and other students from the misuse of medication.

Frequency medication is to be taken _____

Dosage _____

Additional Instructions _____

Dated at _____, Ontario, the _____ day of _____ 20__.

(parent's / guardian's signature)

(print parent's / guardian's name)

Received on _____, *The Maples Independent Country School*.
(date)

(staff member)