

**AUTHORIZATION/RELEASE FOR ADMINISTRATION
OF EMERGENCY MEDICATION AT SCHOOL**

I/We _____, the parent(s)/legal guardian(s) of _____, confirm that it is necessary for to receive the following medication at school for his/her medical condition:

(set out medication required)

I/WE HEREBY REQUEST that the above medication be administered in emergency situations by school staff to _____ in the following manner:

(I understand the school prefers to receive day medication in an appropriately labelled blister pack.)

(here specify manner of administration, e.g. orally, external application, injection, and specify the daily administration times, if any)

IN CONSIDERATION of the School Board authorizing certain of its employees to administer the above medication as required in this authorization form, I/WE HEREBY RELEASE AND FOREVER DISCHARGE the Board of Education of School District No. 8 (Kootenay Lake), its members, officers, administrators and employees from any and all claims whatsoever and actions or causes of action which I/we may have against the Board, its members, officers, administrators and employees arising out of the administration of the medication referred to in this authorization/release form.

DATED, _____, 20 ____.

Parent(s)/Legal Guardian(s)

ATTENDING PHYSICIAN'S STATEMENT

I, _____, am a qualified doctor licensed to practice in British Columbia. I am the attending physician to _____ and hereby approved and authorize the medication and the administration of such medication referred to above.

DATED at _____, B.C., _____, 20_____.

Attending Physician _____