School District 8
Kootenay Lake

SP 12

SCHOOL DISTRICT NO. 8 (KOOTENAY LAKE)

MEDICAL ATTESTATION FORM

School:_____ Date: _____

Parent/Guardian Name: _____

Student Name: _____

Medication Required While Attending School:

_____

_____

_____

Frequency:_____

Duration:_____

Medical Procedure Required:

_____

_____

Training Required? Yes: _☐_____ No: _☐_____

If yes, date of training: _____

Physician/Medical Personnel:_____

Public Health Nurse: _____

Attending School Personnel, including position:

_____

_____

_____

I authorize the administration of required medication to my child by the personnel named above. I sign this release absolving the School District No. 8 (Kootenay Lake) Board of Trustees, the school and the personnel named from any and all liability arising from the administration of the medication or the performance of the medical procedure required.

_____ Date: _____

Signature of Parent/Guardian

Revised: February 2006