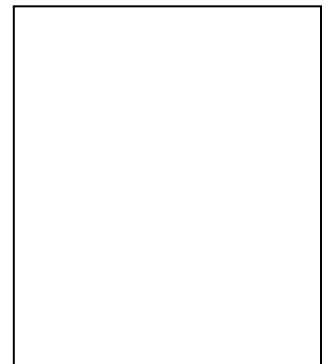




Commission scolaire Western Québec
Western Québec School Board
15 rue Katimavik, Gatineau (Québec) J9J 0E9
Tél. : 819.684.2336 Téléc. : 819.684.6810

Student's Picture



ADMINISTERING MEDICATION

Authorization from the Parents

I authorize a member of the _____ School staff to administer the following medication, as outlined in the attached physician's prescription to my child.

Student's Name: _____

Name & Description of Medication:

Physician's Name & Telephone Number:

Dosage: _____

Time to be administered: _____

I take full responsibility for any possible effects of the above mentioned medication, and I release and Discharge the members or staff of the School, the School Board, the School Bus Contractor, and the Bus Driver of all responsibilities resulting from the administration of said medication to my child.

Parent or Guardian: _____

(Print Name)

(Signature)

Date: _____