



**York Catholic District School Board**

**ADMINISTRATION OF PRESCRIPTION OR NON-PRESCRIPTION  
MEDICATION**

**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 or non-prescription medications and must, therefore, assume the associated inherent risks. School staff members providing assistance in the administration of prescription or non-prescription medication to students are not medically trained personnel. They will endeavour to follow all reasonable instructions, as provided on Board forms S16(a) (Elementary) or S16(a1) (Secondary) in order to ensure the safety and security of each student.

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

In order to minimize these risks, parents should ensure that their requests include all information that might be needed to safely administer prescription or non-prescription medications, including the identification of possible side effects as identified, on Board forms S16(a) or S16(a1), by a licensed physician, in the case of prescribed medications. A one-time signature from a licensed physician is now required, both at the elementary panel as well as a one-time signature from a licensed physician at the secondary panel, in the case of prescribed medications.

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 or non-prescription medication.

**ACKNOWLEDGEMENT and CONSENT**

**WE HAVE READ AND ACKNOWLEDGE THE ABOVE, AND HEREBY CONSENT TO THE  
ADMINISTRATION OF PRESCRIPTION OR NON-PRESCRIPTION MEDICATION**

**TO \_\_\_\_\_ BY SCHOOL STAFF.**

(name of student)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**I have reviewed the existing Admin 16(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: \_\_\_\_\_