



**ELEMENTARY ADMINISTRATION OF PRESCRIPTION OR NON-PRESCRIPTION
MEDICATION FOR NON-LIFE-THREATENING CONDITIONS**

Please note the following request(s) will expire when elementary students enter secondary school.

SCHOOL: _____ TEACHER: _____
Name: _____ Date: _____
Address: _____ Date of Birth: _____
Phone Number: _____ Grade: _____

ADMINISTRATION OF PRESCRIPTION OR NON-PRESCRIPTION MEDICATION FOR NON-LIFE-THREATENING CONDIT

**A. STATEMENT FOR ADMINISTERING PRESCRIPTION MEDICATION DURING SCHOOL HOURS
To Be Completed by Physician**

- 1. Name of prescription medication (must be in original pharmaceutical container): _____
- 2. Storage cautions, if any: _____
- 3. Dosage and time to be taken: _____
- 4. *Duration of prescription medication regime: _____
- 5. Cautions or notable side effects: _____
- 6. Other: _____

PHYSICIAN'S NAME: _____ DATE: _____

PHYSICIAN'S SIGNATURE: _____ DATE: _____

**B. STATEMENT FOR ADMINISTERING NON-PRESCRIPTION MEDICATION DURING SCHOOL HOURS
To Be Completed by Parent/Guardian**

- 1. Name of non-prescription medication: (must be in original tamper proof container labeled with student's name) _____
- 2. Storage cautions, if any: _____
- 3. Dosage and time to be taken: _____
- 4. *Duration of prescription medication regime: _____
- 5. Cautions or notable side effects: _____
- 6. Other: _____

* UNUSED OR EXPIRED MEDICATION WILL BE RETURNED TO THE PARENT EITHER AT THE END OF THE REGIME NOTED IN #4, OR AT THE END OF THE SCHOOL YEAR, WHICHEVER COMES FIRST.

* IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO ENSURE THAT THE PRESCRIBED OR NON-PRESCRIBED MEDICATION IS UP TO DATE OR REPLACED IF RECALLED.

Parent/Guardian Signature: _____ Date: _____

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED PURSUANT TO THE EDUCATION ACT AND THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT. QUESTIONS ABOUT THE COLLECTION AND THE USE OF THIS PERSONAL INFORMATION SHOULD BE DIRECTED TO THE PRIVACY MANAGER - FREEDOM OF INFORMATION, YORK CATHOLIC DISTRICT SCHOOL BOARD, 320 BLOOMINGTON RD. W., AURORA, ONTARIO, L4G 0m1 or (905) 713-2711.

c.c. Office Medical Log Binder for current and following school year with S16a/S16a1

Parents/Guardians may request a copy of this form (S16a) from the School Principal