S16
Rev. June 2023
Policy 206

York Catholic District School Board

ADMINISTRATION OF PRESCRIPTION OR NON-PRESCRIPTION MEDICATION
Acknowledgement and Consent
(Students Under 16 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), S16(a1), S16(b) and/or S16(c) 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),S16(a1), S16(b) and/or S16(c), 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. Parent(s)/Guardian(s) are responsible for providing the Board with updates and/or changes to the medication or Health Management Plan.

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 S16(a/a1/b/c) form(s) signed by the physician, and verify that there are no revisions to the medical information at this time.**

Signature of Parent/Guardian: _____ Date: _____

Parents/Guardians may request a copy of his/her Acknowledgement and Consent Form from the School Principal

York Catholic District School Board

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 CONDI

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: _____

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