

## ADDENDUM B

### Lester B. Pearson School Board Request and Authorization for the Distribution of Medication at School

Name of Student: \_\_\_\_\_  
Last Name First Name

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: (Residence) (\_\_\_\_) \_\_\_\_\_ Tel: (Work Place) (\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

Tel: (Cell) (\_\_\_\_) \_\_\_\_\_  
Area Code

Physician's Name: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_  
Area Code

Name of Medication: \_\_\_\_\_

The medication is to be:

- ☐ Self-administered by student under supervision of staff member.
- ☐ Distributed to student by staff member designated by the principal.
- ☐ Carried and self-administered

Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Precautions to be taken in storing medication: \_\_\_\_\_

Prescription Starting Date: \_\_\_\_\_  
Day Month Year

Prescription Completion Date: \_\_\_\_\_  
Day Month Year

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THIS FORM IS VALID ONLY UNTIL COMPLETION OR ONE YEAR FROM THE STARTING DATE

Form II

ADDENDUM C  
Lester B. Pearson School Board

Release of Liability  
For Distribution of Medication

The undersigned \_\_\_\_\_, being the parents/guardians of \_\_\_\_\_, a student of the Lester B. Pearson School Board do hereby request and authorize personnel employed by the Lester B. Pearson School Board to provide necessary medication to the said student, and for so doing, this will serve as a release and indemnification of and from any action or inaction of any personnel of the Lester B. Pearson School Board associated with the distribution of medication to the said student. Further, the undersigned parents/guardians recognize and acknowledge that the personnel employed by the Lester B. Pearson School Board who may, as a result of this request, be distributing medication as indicated on the Prescription Label, to the said student, are not medical practitioners.

Dated at \_\_\_\_\_, in the Province of Quebec,  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Parent's/Guardian's Signature: \_\_\_\_\_

Form III

ADDENDUM D  
Lester B. Pearson School Board  
Medication Log

Student Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent: \_\_\_\_\_ Home Tel: \_\_\_\_\_ Bus Tel: \_\_\_\_\_

Cell Tel: \_\_\_\_\_

Physician: \_\_\_\_\_ Tel: \_\_\_\_\_

Medication	Amount Distributed	Date	Time	Initials of Person Providing Service

[illegible]