



WESTMOUNT CHARTER SCHOOL ADMINISTRATION OF MEDICATION AND/OR MEDICAL TREATMENT FORM

This form must be completed if:

- if your child has special medical needs/requirements (*including but not limited to severe allergy alerts*) that our staff needs to be aware of in order to assist your child if the need arises
- prescription or non-prescription medication is to be taken at school.

*This form must be reviewed and updated annually or sooner if there is a change in the student's health concern or school registration

Student Information

CLEAR FORM

Student Legal Name: (Last, First Middle)		Grade:
Birth Date:		This form applies to which school year?

Contact Information

**Please provide primary, secondary and emergency contacts below in the order they should be contacted*

Name	Relationship	Cell Phone	Home Phone	Work Phone	Email

Section 1 – Severe Allergy

Complete section 1 only if the student has a severe allergy. **If no severe allergies, go to section 2*

A severe allergy is defined as a severe allergic reaction or anaphylactic response that, if left untreated, can lead to sudden death.

Allergen(s):	
Symptoms of a reaction:	

Go To Next Page

Emergency Action Plan for Severe Allergy

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Charter Board policy requires that, except in emergencies, the student shall self-administer medication under adult supervision.

Medication/Treatment for Severe Allergy

Medication(s) prescribed:	
Purpose of medication:	
Medication dosage, time of administration and procedure for administration:	
	<p>Is the student able to administer their own medication/treatment? Yes <input type="radio"/> No <input type="radio"/> <i>Provide details below.</i></p>
Medication storage and safekeeping requirements:	

Go To Next Page

Specifics of treatment required, if any:	
Possible side effects of medication(s)/treatment and remedial action for side effects:	
Will it be detrimental to the student's health if a single dose/treatment is omitted?	Yes <input type="radio"/> No <input type="radio"/>
Must this student have this medication/treatment administered during school hours in order to be able to attend school?	Yes <input type="radio"/> No <input type="radio"/>

If there is another relevant medical condition(s) that will require modification of the program, or specific activities that your child should not participate in, please complete Section 2, below.

Section 2 – Other Special Medical Needs/Requirements

Complete section 2 if there is/are relevant medical condition(s) that will require modification of the program, specific activities that your child should not participate in, or non-prescription medications that your child may require at times during the school day.

Charter Board policy requires that, except in emergencies, the student shall self-administer medication under adult supervision.

Description of medical condition:	
Activities in which your child should not participate:	<i>Enter NA if not applicable</i>
Require Non-Prescription Medication such as Tylenol or Advil?	Yes <input type="radio"/> No <input type="radio"/> Medication Name: <i>Would you like the medication stored at the office? Yes <input type="radio"/> No <input type="radio"/></i> <i>If Yes, place the non-prescription medication in a clearly labelled, sealed Ziploc bag, accompanied by a completed medical form and return it to the school(s) as described above.</i>

Purpose of Medication:	
Medication dosage, time of administration and procedure for administration:	
Is the student able to administer his/her own medication/treatment?	Yes <input type="radio"/> No <input type="radio"/> <i>provide details below</i>

Informed Parental Consent and Acknowledgement

I am the parent of the student named above (“my child”) and I acknowledge and agree:

1. I will provide an adequate and fresh supply of medication for my child.
2. I understand the medication will be stored in a secure location and administered by school staff unless I have given consent for my child to self-administer the medication.
3. I understand it is my responsibility to advise school staff of any change in my child’s medical condition or medication.
4. I acknowledge that actions taken by school personnel will be limited to what is possible in a school setting, and to what can be done by persons untrained in medical procedures.
5. If any emergency arises, I authorize school personnel to administer medication and/or secure medical advice and services, including calling paramedics as deemed necessary. I agree to be financially responsible for such emergency medical assistance.
6. By signing this form, I consent to and authorize school personnel to administer medication/medical treatment to my child.
7. I understand that the Charter Board fully accepts responsibility for students under its care, and is liable to the parents and the students for any loss, injury or damages which occur as a result of the negligence of the school. I am fully aware that there are risks and hazards associated with the administration of medication or medical treatment and that my child may suffer bodily injury as a result of these risks and hazards, and my child may suffer personal and potentially serious injury due to an unforeseeable or fortuitous event.
8. This form is valid only for the school year in which it is submitted.

Date: _____ Name of Parent: _____ Signature: _____

Please save this form to your computer, print and sign it and then scan a copy (or take a photo) and upload the form to your Registration form or email it to your respective Westmount Campus

Save Form