

Christ the Redeemer Catholic Schools

CONSENT FORM FOR THE ADMINISTRATION OF HEALTH SERVICE AND/OR PRESCRIBED MEDICATION

I. TO BE COMPLETED BY PARENT(S) OR LEGAL GUARDIAN(S):

I hereby acknowledge that at my request the Principal or the person designated by the Principal has been authorized to administer the prescribed health service and/or prescribed medication: _____

to my son/daughter/ward: _____

Date of Birth: _____ Grade: _____

School: _____

by: _____ or alternates: _____

I hereby release the Principal and/or their designate and Christ the Redeemer Catholic Schools from any claim resulting from the administration of the aforesaid and I hereby agree to indemnify and save harmless the Principal and/or their designate and Christ the Redeemer Catholic Schools from all claims that may be made as a result thereof.

Date

Witness

Signature of Parent or
Legal Guardian

II. TO BE COMPLETED BY A MEDICAL PRACTITIONER:

I hereby approve the parent's request to authorize the Principal or the person designated by the Principal to administer the following recommended procedure and/or medication (include directions, dosage, frequency of administration and possible side effects to be aware of, as applicable: _____

DATE

SIGNATURE OF MEDICAL PRACTITIONER

III. TO BE COMPLETED BY PERSON DESIGNATED TO PROVIDE MEDICAL SERVICE AND ALTERNATES:

I am willing to provide the above-described services in consultation with the child's medical practitioner and the local health authority.

SIGNATURE OF DESIGNATED PERSON

and

ALTERNATE(S)

This personal information is collected pursuant to section 33(c) of the *F.O.I.P.P. Act*. If you have any questions or concerns regarding the collection and the intended purposes, please contact the F.O.I.P.P. Coordinator at 1 McRae Street, Box 1318, Okotoks, AB T1S 1B3 or telephone (403) 938-2659