Form 314-A3-Authorization and Request for the Administration of Epi-Pen, Glucagon, Emergency Seizure Medication

PARENT'S AUTHORIZATION AND REQUEST

I, (name) _____, hereby request and give my permission to the principal and the designated staff of the school to administer the medication described in Form 314 - A1 to my child (name)_____.

I acknowledge that the staff is trained in the administration of _____.
I acknowledge that there may be adverse side effects resulting from the administration of this medication, nevertheless I request that the principal or his or her designate administer the prescribed medication to my child and I hereby authorize them to do so.

I acknowledge that it is my responsibility to inform the principal of any changes in the administration of the medication and to ensure the safe transportation of the medication to and from the school.

I acknowledge that I must complete a new request and authorization form for each school year and deliver said completed form to the principal. I have received a copy of the Board's policy on the administration of medication, and I agree to be bound by that policy.

I hereby release the staff, Limestone District School Board, its trustees, officers, and employees from any responsibility for damages suffered by my child as a result of the administration of the prescribed medication, and agree to indemnify and save harmless the staff and Limestone District School Board, its trustees, officers and employees from and against all third party claims and resulting liabilities and costs arising out of the administration of said medication.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____