	Form
	Provision of Non-Prescription Medication - Parent/Guardian

	Saskatchewan Distance Learning Centre (Sask DLC) Main Office: Box 370, Kenaston, SK S0G 2N0 Phone: 306-252-1000 www.saskDLC.ca	Reference	Administering Essential Medications to Students or Personal Care
		Adopted	March 4, 2024
		Level	Local Campus
		Submit to	Sask DLC Campus Principal
		When	As required

The local campus may in exceptional circumstance agree to administer medication of a non-prescription nature for a limited period of time where the consent of the parent is obtained and where the parent provides written reasons for the necessity of the medication being administered at school. The local campus has the discretion to refuse any such request."

Student Name		Birth Date	
School Name		Grade	

Parent/Guardian					
Home Address					
Home Phone		Work Phone		Cell Phone	

Condition being treated	
Dose and frequency of medication	
Time to be administered during school hours	
Special handling & storage requirements	

Medication		Prescription		Yes		No
Physician Name		Physician Phone Number				

I/We have delivered the above mentioned medication to the principal of the above mentioned school.

I/We do authorize the medication to be administered by an employee of the Board in accordance with the instructions for administering the medication which are affixed to the container.

IN CONSIDERATION of the Board permitting an employee of the Board to administer the medication, I/we and each of us DO HEREBY RELEASE and forever discharge the Board and its employees from any liability or injury, illness or disability suffered to my/our child arising out of the administration of the medication or from the failure to administer the medication by an employee of the Board. I/We DO FOREVER RELEASE the Board and its employees from any claim or claims I/we, or both of us, may have arising out of the administration of the medication or from the failure to administer the medication to my/our child.

_____   _____
Parent/Guardian or Independent Student's Signature   **Date**

_____   _____
Principal's Signature   **Date**