


## Provision of Medical Procedure - 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

Student Name		Birth Date	
School		Grade	

Parent/Guardian					
Home Address					
Home Phone		Work Phone		Cell Phone	

Medical Procedure	
Medical Supplies	
Instructions for Procedure	

<b>Staff Responsible for Performing Procedure</b>	
Name	
Name	

I/We have delivered the proper instructions and have delivered the necessary supplies for my/our child to the principal of the above mentioned school for the above mentioned procedure.

I/We do authorize that said procedure be administered by an employee of the Sun West School Division in accordance with the attached directions. IN CONSIDERATION of the School Division permitting an employee of the School Division to administer and/or supervise the said procedure, I/we and each of us DO HEREBY RELEASE and forever discharge the School Division and its employees from any liability or injury, illness, or disability suffered to my/our child arising out of the administration of the said procedure or from the failure to administer the said procedure by an employee of the School Division and DO FOREVER RELEASE the School Division and its employees from any claim or claims which I/we, or both of us, may have arising out of the administration of the said procedure or from the failure to administer the said procedure to my/our child.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date