



# CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

Kemptville, Ontario K0G 1J0  
Phone: (613) 258-7757 or 1-800-443-4562  
Fax: (613) 258-7134

## REQUEST FOR ADMINISTRATION OF MEDICATION

Student \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

### Physicians' Instructions for Administering Medication:

Name/Type of medication: \_\_\_\_\_

Dosage/amount to be given: \_\_\_\_\_

Frequency/Times to be administered: \_\_\_\_\_

Duration: \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Telephone Number \_\_\_\_\_

### Parent/Guardian Authorization

We hereby request that the above medication and procedure as outlined by our physician be administered to our child.

We understand that the Catholic District School Board of Eastern Ontario will not be legally responsible for the administration of the medication.

Parent/Guardian Signature \_\_\_\_\_

**Note: This request will expire June 30 of each school year or  
at the end of the duration as specified above.**