

THIS SECTION IS TO BE COMPLETED BY THE PHYSICIAN – continued:

3. If the medication is related to food allergies, please list the specific foods to avoid:

4. Is it essential that this medication be administered by a person with adequate training?

Yes No If **yes**, please explain, **in detail**, what training is necessary and which **Health Authority** will provide the training to staff that will be responsible for the administration of the prescribed medication.

5. Does this medication pertain to seizures? Yes No

Please explain, **in detail**, how these drugs are to be administered (oral/injection/or other means) and what risks are involved.

6. When should this medication be reviewed? Please explain:

Signature of Physician

Date

PLEASE RETURN THIS FORM TO THE SCHOOL PRINCIPAL

Personal information contained on this form is collected under the authority of the Education Act, R.S.O. 1990, c.E.2, s. 170 and s. 171, and will be used for the principle purpose of describing medication which your child is receiving and authorizing school personnel to administer this medication on your behalf. Questions about this information should be directed to the Privacy Records Information Management Officer, The Northwest Catholic District School Board, 555 Flinders Avenue, Fort Frances, Ontario, P9A 3L2, Telephone (807)274-2931 or toll free 1-888-311-2931.