



REQUEST AND AUTHORIZATION,
for
GIVING OF ESSENTIAL MEDICATION
and/or
ADMINISTRATION OF AN ESSENTIAL PROCEDURE
to a Student

For the purposes hereof:

An Essential Medication is a medication prescribed for a student by a physician which cannot be scheduled for giving to the student outside of regular school hours and which is necessary for the student's health or well-being, and an Essential Medication includes the plural of an Essential Medication; and

An Essential Procedure is a procedure prescribed for a student by a physician which cannot be scheduled for administration to the student outside of regular school hours and which is necessary for the student's health or well-being, and an Essential Procedure includes the plural of an Essential Procedure.

I / WE _____

being the parent(s) or guardian(s) of _____

(the "Student"), who is attending _____ School operated by The Board of

Education of the Regina School Division No. 4 of Saskatchewan (the "Board") authorize the Principal or

Vice-Principal or person designated by the Principal to:

- provide an Essential Medication as prescribed by Dr. _____
- Provide an Essential Procedure as prescribed by Dr. _____

in accordance with instructions as given by the Physician which are attached to this form.

I/We agree that we will provide to the Principal the Essential Medication and any device or equipment which is necessary for the giving of the said Essential Medication.

I/We agree that we will provide to the Principal any device and/or equipment which is necessary for administering the said Essential Procedure.

I/We agree that if the giving of the Essential Medication and/or the administration of the Essential Procedure depends upon certain conditions, as specified in the instructions given by the Physician, the determination of the existence of such conditions may be solely determined by the Principal or the Employee designated to administer the procedure.

RELEASE

I/We understand and agree that the Division, the Principal or the employees of the division are under no obligation to give the Essential Medication or administer the Essential Procedure or, having done so, to continue to do so.

I/We understand and agree that the Division, the Principal or employees of the Division are not liable for any loss or damage to the Essential Medication or any device or equipment which is necessary for the giving of the Essential Medication or the administration of the Essential Procedure.

In consideration of the Director, or the Principal, receiving and accepting this request and authorization, I/we, on my or our own behalf, and on behalf of the Student, do hereby remise, release and forever discharge the Director and the Principal and the Designated Employee (and the respective heirs, executors, administrators, successors and assigns of each) of and from all manner of actions, causes of action, claims or demands which I/we or the Student ever had, now have, or can, shall or may hereafter have, for or by reason of or in any way whatsoever arising out of the giving of, or the non-giving of, the said Essential Medication or any part thereof to the Student, or for or by reason of or in any way arising whatsoever out of the administration of, or the non-administration of, the said Essential Procedure or any part thereof to the Student;

INDEMNITY

I/We agree to indemnify and save harmless the Division and the Principal and the employees of the Division of and from any and all liability relative to the giving of or the non-giving of the said Essential Medication, or any part thereof, to the Student, and/or the administration of or the non-administration of said Essential Procedure or any part thereof.

DATED at Regina, Saskatchewan, this _____ day of _____, 20_____.

(Witness) (Signature)

(Print Name)

(Address)

(Witness) (Signature)

(Print Name)

(Address)

Documents Attached:

Date: _____ Doctor's Name _____ # pages _____

Date: _____ Doctor's Name _____ # pages _____