

APPENDIX B

Consent Form (Self-Administer and/or Employee Administer) To Carry and Administer Medication for a Prevalent Medical Condition

OPTIONAL:

Additionally, I further consent to the disclosure and use of the personal information collected herein to persons, including persons who are not the employees of the Northeastern Catholic District School Board through the posting of photographs and medical information of my child (Plan of Care/Emergency Procedures) in the following key locations:

- Classroom
- Staffroom
- Lunchroom
- Other
- Office
- School Bus
- Gym

and through the provision of personal information contained herein to the following persons who are not employees of the Board: please check all applicable boxes

- Food service providers
- Child care providers
- Board approved transportation carriers
- Other _____
- School volunteers in regular direct contact with my child

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____
(if 18 years of age or older)

Signature of Principal: _____ Date: _____

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

PLEASE NOTE THIS CONSENT EXPIRES AT THE END OF THE CURRENT SCHOOL YEAR.