Population and Public Health

Toll Free: 1-866-780-6482

Saskatoon Main Office
Royal University Hospital
103 Hospital Drive
Saskatoon SK S7N 0W8
Phone: 306-655-1740
Fax: 306-655-1495

Regina Office
Regina General Hospital
1440 – 14th Avenue
Regina SK S4P 0W5
Phone: 306-766-4311
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Prince Albert Office
Cooperative Health Centre
110 – 8th Street East
Prince Albert SK S6V 0V7
Phone: 306-765-4260
Fax: 306-765-4264

CONSENT TO RECEIVE MEDICATION AT SCHOOL

I, ______________________________ consent to ____________________________________,
(Name of parent/guardian/substitute decision-maker or child) (Name of child or MYSELF)

born (yyyy/mm/dd)________________________, PHN/Treaty# ___________________________,

receiving medication while at school as prescribed by the child's physician specialist and given by a health care worker. I understand school staff will be informed of this decision and may receive a copy of this consent.

________________________	________________________	____________
Signature of person giving consent	Relationship to child	Date
________________________	________________________	____________
Signature & position of person obtaining consent	Name – please print	Date

For completion by Interpreter:
I was present and interpreted the communication and consent between the above named persons.

________________________	________________________	____________
Signature of Interpreter	Name – please print	Date

This consent remains in effect for the duration of treatment but may be withdrawn at any time.

School Notification: The information provided regarding this consent is confidential and should only be used or disclosed by the school or staff for the purpose for which it was given and no other purpose, unless otherwise authorized by *The Health Information Protection Act*.

________________________	________________________	____________
Signature of school staff member	Name – please print	Position
________________________	________________________	____________
School Name	Phone number	Date

Notified via: ☐ Phone ☐ Facsimile ☐ Letter ☐ In person by: ______________________________
Signature of person notifying school

Original: ☐ local health record Copy: ☐ Population and Public Health Record Copy: ☐ School – on request only

TBCS 2013/05/10