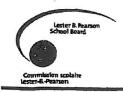


Form A

## Lester B. Pearson School Board Request and Authorization for the Distribution of Medication at School

Name of Studer	nt:	ast Name		First Name		
Name of Parent	La t/Guardian:					
Address:						
Address.				<del></del>		
Tel: (Residence	Area Code	Tel: (VVorl	k Place) (	)		
	Area Code			Area Code		
Physician's Nan	ne:		Tel: (	Area Code		
Maria of Madia	-4:					
Name of Medication:						
The medication is to be:						
☐ Self-administered by student under supervision of staff member.						
	Distributed to student by staff member designated by the principal.					
= = = = = = = = = = = = = = = = = = = =	Carried and self-administered structions:					
Illatiuctions.						
	100 miles					
35						
Precautions to b	be taken in storing med	dication:				
Prescriptio	on Starting Date:	Day	Month	Year		
		Day	MOUL	Teal		
Prescriptio	on Completion Date:	Day	Month	Year		
Parent's/Guardi	ian's Signature:	00712700 ( <b>▼</b> 4		Date:		
Parent's/Guardian's Signature:						
Physician's Signature:						
THIS FORM IS	VALID ONLY UNTIL	COMPLETION C	ONE YEA	AR FROM THE STARTING DATE		



## Form B

## Lester B. Pearson School Board

## Release of Liability For Distribution of Medication

The undersigned, being t	he parents/guardians of					
, a student of the Lester B. Pearson	n School Board do hereby					
request and authorize personnel employed by the Lester B. Pearson School Board to provide						
necessary medication to the said student, and for so doing, this will serve as a release and						
indemnification of and from any action or inaction of any personnel of the Lester B. Pearson						
School Board associated with the distribution of medication to the said student. Further, the						
undersigned parents/guardians recognize and acknowledge that the personnel employed by						
the Lester B. Pearson School Board who may, as a result of this request, be distributing						
medication to the said student, are not medical practitioners.						
Dated at, in the Province of Qu	ebec,					
thisday of20						
Parantia/Cupadiania Cianatura						
Parent's/Guardian's Signature:						