ADMINISTRATION OF MEDICATION
INDEMNIFICATION AND RELEASE

WHEREAS _____is a student
                                         (Name of Student)

attending a school under the jurisdiction of the Greater St. Albert Roman Catholic Separate School District No. 734;

AND WHEREAS _____ has made the
                                    (Parent/Guardian)

Greater St. Albert Roman Catholic Separate School District No. 734 aware that the above requires special medical care in certain circumstances.

AND WHEREAS the parent/guardian has requested and authorized the servants or agents of the Greater St. Albert Roman Catholic Separate School District No. 734 to provide appropriate medical assistance to the said student in such special circumstances, and the district has agreed to provide such special care in emergent circumstances to the best of its ability and the ability of its servants, agents or employees, recognizing that the servants, agents and employees of the division are not trained to provide health or medical services.

The Undersigned _____ being
                                            (Parent/Guardian)

the parent/guardian of _____being
                                         (Name of Student)

a student attending a school under the jurisdiction of the Greater St. Albert Roman Catholic Separate School District No. 734 do hereby authorize the servants, agents or employees of the Greater St. Albert Roman Catholic Separate School District No. 734 to administer such medications as may be required to provide necessary medical assistance to _____
                              (Name of Student)

during any situation which the individual administering such medication deems to be a sufficiently emergent nature to warrant the taking of such action, and _____ do hereby indemnify and release the Greater St. Albert Roman Catholic Separate School District No. 734 and its servants, agents or employees of and from all actions, causes of action, suits, demands and claims of whatsoever nature with respect to the administration of medical treatment to the said _____ in such circumstances.
              (Name of Student)

Without limiting the generality of the indemnification and release hereby created, the undersigned _____ does specifically
(Parent/Guardian)

request that the following treatment be administered to the said _____
_____as a result of the student's medical condition
(Name of Student)

known as _____, namely (set out nature of treatment; i.e. giving injection, administering aspirin or some other drug, etc.)
_____
_____
_____
_____
_____.

Dated this ____day of _____, 20____.

SIGNATURE OF PARENTS/GUARDIANS:

Parent:_____   Witness:_____