



## Request for Administration of Medication

I \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
(name of parent/guardian) (name of student)

have requested and authorized the staff or agents of Northern Gateway Regional Division No. 10 to provide assistance and/or administration of medication to the above mentioned student.

I \_\_\_\_\_ release Northern Gateway Regional Division No. 10  
(name of parent/guardian)

and its staff or agents from all actions, causes of action, suits, demands and claims of whatsoever nature, with respect to the administration of any treatment to \_\_\_\_\_ in such circumstances.  
(name of student)

The undersigned specifically acknowledges that the staff and agents of the Board referenced herein are not medical personnel.

### Signatures of Parent(s)/Guardian(s)

Per: \_\_\_\_\_

Per: \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.  
(Location) (day) (month) (year)