

# CONSENT FOR MEDICAL TREATMENT AND ADMINISTRATION OF MEDICATIONS DURING ENROLMENT AT BCA

This form extends permission to the staff of Briercrest College and Seminary and Briercrest Christian Academy (referred to as BCS/BCA throughout) to administer medication and/or emergency treatment to BCA students during their enrolment with our school. This may include students' time in the school, in the dorm (if applicable), and during school activities, either curricular or co-curricular. The administration of medication cannot be provided without this completed and signed form.

Students travelling with BCA on curricular and co-curricular trips are allowed to self-administer their own medications as necessary; however, it is recognized that there may be times when a supervising BCS/BCA staff member may need to be involved in facilitating medical care for a student.

If you are the parent/guardian of a BCA student with a serious health concern, you are strongly encouraged to ensure that proper identification is on the student at all times (i.e., MedicAlert Bracelet); you are responsible for providing, in advance, medication/supplies for any treatment required in a life-threatening situation. These health concerns include, but are not limited to, severe allergies and anaphylactic shock, severe asthma, seizures, and diabetes.

It is your responsibility to update us if there is a change in your son or daughter's health care.

## PERSONAL DATA

Student's Name (last name first): \_\_\_\_\_

Date of Birth: (DD/MM/YY) \_\_\_\_\_ ☐ Male ☐ Female Grade: ☐ 9 ☐ 10 ☐ 11 ☐ 12

Name of Father: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Mother: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

If applicable, who has legal custody: \_\_\_\_\_

## Emergency Contacts

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

## MEDICAL INFORMATION

Provincial Health Services number: \_\_\_\_\_ Province: \_\_\_\_\_

(International students must apply upon arrival to campus for a Saskatchewan Health Card at no charge)

☐ My child has major health conditions. ☐ My child has no major health conditions.

**Medical Conditions** (Please check and provide relevant details in the space provided below)

☐ Asthma (severity, inhalers, etc.) \_\_\_\_\_ ☐ Diabetes (type) \_\_\_\_\_ (insulin) \_\_\_\_\_

- ☐ Epilepsy
- ☐ Immune Deficiency
- ☐ Heart problems
- ☐ Stomach problems
- ☐ Allergic reactions (please fill in "Allergy Reaction Information" section below)
- ☐ Chronic tonsillitis
- ☐ Headaches
- ☐ Skin problems

☐ Hospitalization/Surgery (in past year) \_\_\_\_\_

☐ Other (Please specify): \_\_\_\_\_

Details: \_\_\_\_\_

Recommended procedures if a health problem occurs (for staff): \_\_\_\_\_

### Allergic Reaction Information

Nature of Allergy/Allergens:

☐ Medications \_\_\_\_\_

☐ Food \_\_\_\_\_

☐ Environmental \_\_\_\_\_

☐ Insects \_\_\_\_\_

☐ Animal \_\_\_\_\_

☐ Plants \_\_\_\_\_

☐ Other \_\_\_\_\_

Symptoms of Reaction: \_\_\_\_\_

Recommended Response to Reaction: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Additional Instructions or Information: \_\_\_\_\_

If the reaction is severe, does the student have an EpiPen or a MedicAlert bracelet? \_\_\_\_\_

Will you provide an extra EpiPen to the school and/or dorm staff for emergency use? \_\_\_\_\_

### Emotional Health

☐ Addictions

☐ Depression

☐ Panic attacks

☐ Eating disorder

☐ Anxiety

☐ Schizophrenia

Other (Please specify): \_\_\_\_\_

☐ Inpatient program or Psychiatric care (in past year): \_\_\_\_\_

Additional Instructions or Information: \_\_\_\_\_

### Medications to be self-administered

Is the student currently taking medication(s)? \_\_\_\_\_ If so, please provide name(s) and dosage(s).

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Medications that you will allow BCA staff to provide to your child at his/her request:

☐ Tylenol Cold and Sinus

☐ Antacid

☐ Immodium (diarrhea)

☐ Tylenol

☐ Gravol

☐ Generic Muscle relaxant

☐ Advil Cold and Sinus

☐ Chlor-Tripolon

☐ Agarol (mild laxative)

☐ Advil (Ibuprofen)

☐ Benadryl

☐ Other: \_\_\_\_\_

Requests or instructions: \_\_\_\_\_

## PARENTAL CONSENT

I, as the undersigned parent/legal guardian, do hereby give consent for \_\_\_\_\_ to undergo all necessary medical examinations, diagnostic tests, x-rays, and treatments, including local anesthetic, that will be required in the course of diagnosis, examination and treatments of his/her illness or condition while a student at BCA, with the understanding that BCA/BCS staff may at that time give consent for treatment. Furthermore, this information may be forwarded to those individuals involved in ensuring the provision of adequate health care while attending BCA (i.e., sports and ministry teams). In so giving this consent, the applicant and parent/legal guardian do jointly and severally remise, release, and forever discharge BCS/BCA and further do jointly and severally indemnify and save harmless the said BCS/BCA from all manner of action or actions, cause or causes of action, suits, debts, dues, sums of money, claims, charges, liabilities, expenses, damages, losses and demands whatsoever at law or in equity that they may suffer or otherwise incur as a result of, in connection with, or in relation to any such medical examinations, diagnostic tests, x-rays, and treatments as referred to above, provided that BCS/BCA and its employees, agents, representatives, and/or professional advisors have acted or omitted to act in good faith.

Further, as the parent/guardian of the above-named student and on behalf of my child, I hereby request assistance from the staff of BCS/BCA, with the administration of medications to my child. I recognize that such staff members do not have nursing, medical or pharmaceutical training. I agree to provide updated orders when the stated medication is changed in dosage or application schedule.

I hereby release BCS/BCA and its employees and volunteers from any responsibility for any error, injury or damage which may occur in connection with, or as a result of, the administration of medications, or the manner in which they are administered. I further waive any claims that either I or my child may have against BCS/BCA and/or any of its employees or volunteers arising out of, or in connection with, or as a result of the administration of medications or in the manner in which they are administered, notwithstanding that any such loss, injury or damage may have arisen in whole or in part, due to the fault or negligence of BCS/BCA and/or its employees or volunteers. And, I agree that this waiver shall be binding upon both myself and my child and our respective heirs, executors. I further acknowledge that I have been requested to execute this waiver in consideration of BCS/BCA, agreeing to permit its staff to assist in the administration of medications to my child.

NOTE: Information collected on this form will be used to provide care to you while you are a student at Briercrest Christian Academy. We are committed to ensuring that your personal information remains confidential and private. This information will be disclosed, as necessary, only for the purposes that are considered reasonable in the particular circumstance. It will not be used to disclose personal information for any purpose other than that for which it was collected, or if you consent to a specific disclosure. Only BCS/BCA and Prairie South School Division No. 210 authorized employees and volunteers will have access to your personal information and appropriate controls are in place to ensure the security of this information. Your file will be kept in compliance with provincial regulations (usually 7–10 years). After this time, your file will be destroyed. You may at any time update, amend, or request a copy of this document.

To the best of my knowledge, all the information I have given on this form is complete and true.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_