

# JAMES BAY LOWLANDS SECONDARY SCHOOL BOARD

**CONFIDENTIAL**

## PARENT(S)/GUARDIAN(S) AUTHORIZATION AND CONSENT

STUDENT'S NAME: \_\_\_\_\_  
 PARENT'S NAME: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 TELEPHONE #: \_\_\_\_\_

I, \_\_\_\_\_, authorize personnel of the James Bay Lowlands Secondary School Board – Northern Lights Secondary School, to act on my behalf as stated below:

- A) To store and keep safe my child's prescribed/non-prescribed medication;
- B) To provide my child access to his/her prescribed/non-prescribed medication;
- C) To provide my child's health questionnaire to the Weeneebayko Area Health Authority for consultation purposes;

And, I agree to provide new information immediately to NLSS regarding:

- A) Changes in my child's prescribed medication;
- B) Conditions that will affect my child's health;
- C) Changes in the custodial care (parent/guardian) occur during my child's stay in residence;

And, I acknowledge that it is my responsibility as the Parent/Guardian to ensure that the school is kept in a supply of my child's currently prescribed medication;

And, I, in my personal capacity and on behalf of my child, hereby release, indemnity and save harmless the Board and its employees from any and all claims or causes of action whatsoever.

Date: \_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_

Date: \_\_\_\_\_ Student's Signature \_\_\_\_\_

Date: \_\_\_\_\_ Witness' Signature \_\_\_\_\_

**Original** Northern Lights Secondary School – School Office

**Copy** Parent/Guardian