



# Torah Day School of Ottawa

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Please Print Clearly

## Medical Information Form 2021-2021

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ OHIP # \_\_\_\_\_

**Vital Medical Information (allergies, medications, or other pertinent medical information about your child) If medication needs to be dispensed during school hours, appropriate forms must be completed.**

First Name	Allergies/Medications/Other Info

## Authorization to Administer Oral Medications and/or EpiPens

Authorization for:     EpiPen Administration                       Oral Medication Administration

If you consent to the administration of medication/epi-pen(s) to your child by the school, you must understand that you and not the school will bear sole responsibility for any physical reaction that might occur.

I have read the above and I understand that in requesting and/or consenting to the administration of medication/epi-pen(s) by the school to my child.

I am assuming the risks associated with doing so.

Name of Medication (s) \_\_\_\_\_

The parent(s)/Guardian(s) of (Name of Student) \_\_\_\_\_ hereby request that the above medication, using the procedure(s) as outlined by my physician, be administered to the student by the Torah Day School of Ottawa, its employees or agents. It is acknowledged that the employees or agents of the Torah Day School of Ottawa are not medically trained to administer medication.

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

NOTE: This request will terminate either on June 30 of each school year or when the prescription changes or expires.

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

**All students attending Torah Day School of Ottawa must be vaccinated and submit proof of updated vaccinations to the school and to Ottawa Public Health.**