



**LIFE THREATENING SITUATION FOR HIGH RISK STUDENTS**  
**Parental Consent Form**

Authorization for the collection of this information is in the Education Act. Users will be the Principal, Teacher, School Bus Operator, School Bus Driver, School Bus Attendant and appropriate school support staff for the purpose of obtaining parental consent and direction for life-threatening situations. This form will be retained in the school office for as long as is deemed necessary. Contact person for queries concerning this information is the Principal of the school.

I hereby acknowledge that at my request, the school staff, the school bus driver and/or the school bus attendant have been authorized to administer, in a life-threatening situation, the following medication/procedure to my son/daughter.

Name of Student: \_\_\_\_\_ D.O.B. \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Reason for Administration: \_\_\_\_\_

Name of Medication/Procedure: \_\_\_\_\_

Method of Administration: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

And, I hereby release the school staff, the school bus operator, the school bus driver, the school bus attendant and the North East Tri-Board Student Transportation group (District School Board Ontario North East, Northeastern Catholic District School Board and Conseil scolaire public du Nord-Est de l'Ontario) and each of their respective employees, officers and agents from any liability in the same manner as provided in Section 3, subparagraph (4) of *Sabrina's Law, 2005, S.O. 2005, Chap. 7* which provides "*No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good judgment in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence*", it being specifically agreed by me that any act done or not in furtherance of the instruction given herein should have the same protection as extended to school board employees by *Sabrina's Law*.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*COPIES TO: PARENT, SCHOOL, SCHOOL BUS COMPANY (VIA SCHOOL BUS DRIVER) AND NORTH EAST TRI-BOARD STUDENT TRANSPORTATION*

The legal authority for the collection of this information is the Education Act. The Board uses the information for the purpose of carrying out its responsibilities under the Act. If you require clarification about the collection of information, contact the Freedom of Information Coordinator, at (705) 268-7443.