

ADMINISTRATION OF PRESCRIBED MEDICATIONS

The board of trustees recognizes that many students attending schools require medication for the medical management of chronic diseases, illnesses and conditions. Parents and guardians shall be encouraged to make every effort to care for this part of their child's health by assuming full responsibility for the administration of prescribed medications. The school may be authorized to administer medication if the student cannot attend school without the provision of the medication.

This policy, regulation and exhibits reflect the guidelines and procedures outlined in the provincial *Unified Referral and Intake System (URIS) Manual (1999)*.

To ensure the safety and protection of students, staff and parents/guardians, the following regulation must be followed by all trained school division personnel who are assigned to administer medication to students within the division. In order for prescribed medication to be administered in school, the parent/guardian must comply with the procedures outlined in this regulation.

If conditions in Regulation JLCD-R – Administration of Prescribed Medication Procedures are not met by parents/guardians, the school division will not be in the position to administer prescribed medication.

Self-Medication

Self-medication is **not** permitted from Kindergarten to Grade 6, with the exception of aerosol medication (puffer) and adrenaline auto-injector.

Self-medication may occur when the student is in grade 7 or higher and is developmentally able and has parental permission.

The school is not responsible for the safekeeping of medication that is **not** administered by the school.

Parents/guardians requesting that a student self-administer medication must also complete the appropriate section of JLCD-E1 – Authorization for the Administration of Prescribed Medication to Students.

Effective Date:	December 7, 2004	Policy	XXX
Amended Date:	March 21, 2006	Regulation	
Board Motion(s):	635/04; 162/06	Exhibit	
Legal/Cross Reference:			



AUTHORIZATION FOR THE ADMINISTRATION OF PRESCRIBED MEDICATION TO STUDENTS

Authorization for the Administration of Prescribed Medication to Students To be completed by Parent/Guardian

Student Identification

Name (Year, Month, Day), Date of Birth, Phone No., Address, MHSC No., PHIN No.

Parent/Guardian Identification

Father's Name, Work No., Cell No., Mother's Name, Work No., Cell No.

School Identification

Name of School, Address, Phone No.

Physician Identification

Name, Address, Phone No.

Emergency Contact if Unable to Reach Parent/Guardian

Name, Phone No.

Confirm that the first dose was administered and no adverse reactions occurred prior to coming to school: Yes No

Parent/Guardian Signature

To be completed by Parent/Guardian in Consultation with Physician and Pharmacist

Medication Information:

Name of Physician Consulted, Phone No., Name of Pharmacist Consulted, Phone No., Name of Medication, Reason for Medication, Dosage and Method of Administration



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Approximate time(s) of administration during school day _____

Specific Storage Requirements
Side effects to watch for and actions required if these side effects are observed _____

Action required if medication is missed _____

Parent/Guardian Authorization

I have read the attached policy and regulation and hereby request and authorize the school to administer the prescribed medication to my child in accordance with the regulation, including that:

- (1) medications presented to a school not meeting the conditions of this regulation cannot be administered by school division staff. The parent/guardian retains full responsibility for administering the medication.
- (2) The parent/guardian or designated adult is responsible for the delivery and supply of the medication. If requested, pharmacies will provide two original pharmacy labeled containers.
- (3) The medication container must have the dispensing instructions noted on it and must have the official label of the pharmacy or a doctor's note to accompany the medication:
 - name of the student
 - name of the prescribing physician
 - name of the pharmacy
 - dose
 - frequency and method of administration
 - name of the medication
 - date the prescription was filled
- (4) It is the responsibility of the parent/guardian to notify the school in writing of any changes in dosage or time of administration of medication.
- (5) The designated employee (or alternate) is to administer the prescribed medication.
- (6) Authorization must be renewed annually with student registration or upon change in medication.

I hereby request and authorize the school to administer the prescribed medication to my child. I also certify that the first dosage of medication was given at home and no adverse reactions were tolerated. School personnel are authorized to contact the physician/pharmacist regarding any questions as to the administration of this medication.

Date

Signature of Parent/Guardian



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OR

I hereby certify that _____ (student's name) is able to safely, competently and consistently manage his/her own medication, and I authorize the self-administration of the medication _____ (name of medication). I understand that I am responsible for consequences which may result from lost or misplaced medications.

_____ Date

_____ Signature of Parent/Guardian

Office Use

Individual Administering Medication: _____ Date Trained: _____

Signature: _____

Alternate: Name: _____ Date Trained: _____

Signature: _____

Training Provided by: _____

Administrator Signature

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