

ADMINISTRATION OF PRESCRIBED MEDICATION TO STUDENTS

Policy G.1.L

Frontier School Division acknowledges that some students may require prescribed medication during the school day. The Division realizes that the administration of the medication by the parent or legal guardian of the child is not always possible at the required time during the school day. The Division also realizes that there are students who require prescribed medication and who, because of age, maturity level, or physical or cognitive ability, are unable to manage their own medication. In such circumstances, the Division will attend to the administration of prescribed medication provided that the parents or legal guardians of the student meet all prerequisites as identified in the following regulations. It is expected that students are responsible for their own medication as soon as they are capable of accepting this responsibility.

The accompanying regulations outline the responsibilities of parents/legal guardians and the Principal.

Adopted September 1, 2009		
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These regulations apply to the administration of prescribed medication by Division personnel to students who are not able to manage the administration of their own medication and whose parents cannot administer the medication.

1. Responsibilities of Parents/Legal Guardians

Parents/legal guardians shall:

- a. provide the school annually, or upon change of medication, with a completed "Authorization for the Administration of Prescribed Medication" (Exhibit G.1.L-EX1) form that includes:
 - a copy of the prescription and recommended dosage,
 - the physician's requirements specifying frequency and method of administration,
 - the physician's description of anticipated/possible reactions of the child to the prescribed medication,
 - the physician's signature,
 - parental/guardian permission and signature approving/authorizing the administration of the prescribed medication,
 - an outline of the method for delivering medication to the school on request from the school authority.
- b. complete and sign the "Authorization for the Release of Medical Information" (Exhibit G.1.L-EX2),
- c. deliver safely the medication to the school office in its original container,
- d. notify the school immediately if the medication is no longer required.

2. Responsibilities of the Principal

The Principal shall:

- a. ensure that there is an annual review of all "situations" regarding prescribed medication and that there is a copy of the "Authorization for the Administration of Prescribed Medication" (Exhibit G.1.L-EX1) form in the student's student record file, and, that a copy is available for immediate reference by the principal and/or teacher(s) designated by the principal to administer the prescribed medication,

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Regulation G.1.L-R

- b. ensure that the medication bottle carries the official label from the pharmacist stating the child's name, physician's name, name of the drug, the dosage to be administered and the time of day it is to be given,
- c. designate a specific area, with locked limited access storage space within the school to store the medication,
- d. designate a specific staff member to administer the medication to the student on a regular basis,
- e. administer the medication when the designated staff member is unavailable for whatever reason,
- f. ensure that the person administering medication keeps an "Administration of Prescribed Medication Record" (Exhibit G.1.L-EX3) and notes the date, time, absence or refusal and initials each entry,
- g. contact the parents or guardians immediately and, if they are not available, the assistance of a qualified person, if a student refuses to take the prescribed medication,
- h. refuse to administer the prescribed medication to any child whose parents or legal guardians have not fully completed the approved "Authorization for the Administration of Prescribed Medication" (Exhibit G.1.L-EX1) form,
- i. return unused medication to the parents/guardians.

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ADMINISTRATION OF PRESCRIBED MEDICATION TO STUDENTS

Exhibit G.1.L-EX1

AUTHORIZATION FOR THE ADMINISTRATION OF PRESCRIBED MEDICATION To be completed by Parent/Guardian

STUDENT IDENTIFICATION:

Name _____
Date of Birth _____
M.H.S.C. # P.H.I.N. # _____

PARENT/GUARDIAN IDENTIFICATION:

Names _____
Work # Mother _____
Work # Father _____
Phone _____
Address _____

SCHOOL IDENTIFICATION:

Name of School _____
Address _____
Phone _____

PHYSICIAN IDENTIFICATION:

Name _____
Address _____
Phone _____

Emergency contact if unable to reach parent/guardian:

Name _____ Phone _____

TO BE COMPLETED BY PARENT/GUARDIAN IN CONSULTATION WITH PHYSICIAN AND/OR PHARMACIST

MEDICATION INFORMATION:

Name of Physician Consulted _____ Phone _____
Name of Pharmacist Consulted _____ Phone _____
Name of Medication _____
Reason for Medication _____
Dosage and Method of Administration _____
Approximate time(s) of administration during the school day _____
Start Date : y/m/d _____ End Date : y/m/d _____
Specific storage requirements _____
Side effects to watch for and actions required if these side effects are observed _____
Action required if medication missed _____

- a) Parents must make every effort to ensure that medication does not need to be administered during school hours. The Division reserves the right to correspond with the physician/pharmacist should concerns about administration be presented by the staff.
- b) The parent/guardian or designated adult is responsible for the delivery and supply of the medication. If requested, pharmacies will provide two original pharmacy labelled containers. Unused medication will be returned to the parent(s)/guardian(s).
- c) The medication container must carry the official label from the druggist stating the child's name, physician's name, name of the drug, the dosage to be administered and the time of day it is to be given. The container must also have the official label of the pharmacy.
- d) 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.
- e) The school administrator will designate a specific staff member to administer the medication to the student on a regular basis. If the designated staff member is unavailable for whatever reason, the school administrator will ensure that the person assigned to the task has full knowledge of the facts.
- f) The school administration reserves the right to refuse to administer prescribed medication to any child whose parent(s) or legal guardian(s) has not fully completed this "Administration and Authorization of Prescribed Medication" form.
- g) The school administration will contact the parent(s) or guardian(s) immediately and, if they are not available, the assistance of a qualified person should be sought if a student will not take the prescribed medication.
- h) Authorization automatically terminates June 30th of the current school year 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 the medication was given at home and was well tolerated. School personnel are authorized to contact the physician/pharmacist regarding any questions as to the administration of the medication.

Parent/Guardian Signature _____ Date _____

School Administration Signature _____ Date received by the school _____

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AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION
Exhibit G.1.L-EX2

I, _____ of _____ authorize
(Parent/Guardian) (Address)

Frontier School Division to exchange and release medical information and consult with physician if required for the purpose of developing an Individual Health Care Plan and/or Emergency Plan for

(Student's Name)

I understand as the parent/guardian that I may amend or revoke this decision at any time with written correspondence.

(Parent/Guardian Signature)

(Witness Signature)

(Date)

This contract expires June 30, or when the child leaves Frontier School Division or if there is a change in either custody or legal guardianship, in which case, a new form must be completed.

Note: A copy of this form is to be sent to the Area Special Services Consultant and the original is to be kept in the student's file.

Adopted September 1, 2009		
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