



Adopted: 2000-10-03
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Policy JLCD

ADMINISTRATION OF PRESCRIBED MEDICATION TO STUDENTS

The Board recognizes that situations may arise which may require one or more of its employees to administer medication to a student when the student is deemed by a medical physician to require medication during school hours, is incapable of self-administration, or in order to preserve the life of the student.

Such administration of medication is contingent on the written request of the parent, guardian, or the adult student (aged 18 years and older) to do so, **and must include** the existence of a prescription to administer such medication during scheduled school hours or on extended field trips. Medication of a non-prescriptive nature, such as, but not limited to aspirin, shall not be distributed to any student.

Under these conditions, the employees of the board, in complying with such requests, cannot be held responsible for their failure to administer the medication appropriately or on time, or their inability to detect or react to negative effects.

Protocols

The school will follow the protocols indicated below:

1. Administer, as requested, orally ingested medication, Epi-pens, and other specific medication for students with medical needs or equipment;
2. Monitor the glucose levels of students with diabetes;
3. Identify students who are in need of medication;
4. Obtain written request, medication refills and pharmacy labels from a parent or guardian of the student or from the adult student;
5. Provide security in the centralized storage and distribution of medication;
6. Assign the task of medication administration to appropriate school staff by the school administration;
7. Return or dispose of the medication upon completion of request.

Obligations of the School/Centre

Where a student must receive medication prescribed by a medical practitioner during scheduled class time and during an extra or co-curricular school-sponsored activity, the principal or delegate shall:

1. Prepare and make available to all staff, a list of all students who may need emergency medical attention. Such a list should include a notation as to symptoms, possible reactions and appropriate responses.
2. Obtain written consent from the parent, guardian, or the adult student indicating:
 - a) The request for the school to provide for the administration of medication;
 - b) The schedule for administration, including the exact dosage and duration of the treatment as indicated on the pharmacy label;
 - c) Whether or not the student can administer his/her own medication;
 - d) The possible effects of failure to comply with the medication schedule; and
 - e) The release of employees from responsibility for administering such medication.
3. Inform parents when the medication referred to above has been administered in an emergency.

Obligations of the Parent, Guardian, or Adult Student

It is the exclusive responsibility of the parent, guardian, or adult student to ensure that:

1. The "Request for School Assistance with Administration of Medication" form (Annex I) and the "Authorization for Administration of Medicine to a Student" form (Annex II) are completed and submitted to the school/center principal;
2. Medication is delivered to the school office and renewed as required by the prescription;
3. Medication is delivered in pharmacy packaging, with appropriate label, and instructions for storage and use;
4. The school is immediately informed of changes to or termination of a prescription;
5. Medication renewals are filled and delivered to the school prior to the depletion of previous dosage.



Request for School Assistance with Administration of Prescribed Medication

Name of Student: _____
Last Name *First Name*

Name of Parent/Guardian: _____

Address: _____

Tel: (Residence): (_____) _____
Tel: (Other) (_____) _____

Physician's Name: _____
Physician's Tel: (_____) _____

Name of Medication: _____

The medication is to be:

- Self-administered by student under supervision of staff member.
- Administered to student by staff member designated by the principal.
- Administered at the following times: _____
- Used only when the following symptoms appear: _____

Treatment (other than medication) that is appropriate when symptoms appear:

Possible effects if medication is not administered according to the prescribed schedule:

Precaution to be taken in storing medication: _____

Starting Date: _____
Day *Month* *Year*

Completion Date: _____
Day *Month* *Year*

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Staff delegated to administer this medicine: _____
Signature: _____

Second adult to administer medication: _____
Signature: _____

Direction for administering medicine: _____ Self-administered _____ Administered by staff member

Administered at the following times: _____ Duration: _____

Principal's signature: _____

Parent/Guardian/Adult Student Signature

Date



Authorization for Administration of Medicine to a Student

I/We _____, the undersigned, as an adult student or the parent(s)/guardian(s) of _____, a student of the New Frontiers School Board, do hereby request and authorize personnel employed by the New Frontiers School Board to provide necessary medication to the said student, and for so doing, this will serve as a release and indemnification of and from any action or inaction of any personnel of the New Frontiers School Board associated with the administering of medication to the said student.

Further I/we, the undersigned parent(s)/guardian(s), recognize and acknowledge that the personnel employed by the New Frontiers School Board who may, as a result of this request, be administering medication to the said student, are not employed as health care professionals.

Please Note:

If your child is being bussed to school it is recommended that the bus driver be provided with some basic information about your child's medical condition. Information will be restricted to:

- your child's name
- symptoms that indicate that your child is in crisis
- emergency contact information

Please check the box below and initial to indicate that you agree that this action be taken.

YES _____ (Initials s.v.p.)

Dated at _____, in the Province of Quebec, this ____ day of _____ 20 ____.

Parent(s) / Guardian(s) or Adult Student Signature:
