

ADMINISTRATION OF MEDICATION TO STUDENTS

Background

The Division believes that medications are to be administered to students by parents at home whenever possible. There are circumstances where students will be required to take medication while attending school. In order to protect the safety of the student and the staff, the Division has provided procedures for administering medication to students.

In instances where it is absolutely necessary for students to take medication at school, the principal of the school has the responsibility to administer the medication under the following procedures.

Procedures

1. Before any prescription or non-prescription medication may be administered to a student, the principal must receive written parental consent and written instructions from the child's parent, physician or dentist. All written instructions and consent forms shall be filed in the school office.
 - 1.1 Prescription medication to be given in the school must have the following information printed on the container:
 - 1.1.1 Child's full name
 - 1.1.2 Name of the drug and the dosage
 - 1.1.3 Time to be administered
 - 1.1.4 Physician's name
2. The written instructions from the physician must include:
 - 2.1 The length of time for which a drug is to be administered
 - 2.2 Required dosage
 - 2.3 Action to be taken in the event of possible hazards or side effects
3. The principal shall be responsible for reviewing the written medication instructions periodically, designating maintenance of complete and accurate medication records, and storing all prescription and non-prescription medication in a safe and secure (locked) place.
4. The principal shall be responsible for designating in writing, the school personnel to administer medication to students.
5. School personnel authorized to administer medication to students shall be provided appropriate instruction. Except in cases of emergency, no school personnel shall be



required to administer any medication to a student by any means other than ingestion.

6. Further written instructions must be received from the physician if the drug is to be discontinued, or the dosage time at which it is to be administered is changed from the original instructions.
7. This procedure shall not prohibit the older and reliable students from assuming responsibility for taking medication with the written approval of parents/guardians and physician. Parents who wish their children to self-administer medication at school are to advise the school administration.
8. A master list of all students requiring ongoing, long-term medication shall be posted in the staff room and in the main office of each school.
9. The Authorization for Administration of Medication Form 316-1 is attached to this AP.

Reference: Section 18, 20, 45, 60, 61, 113, School Act
Emergency Medical Aid Act
ATA Provision of Medical Services to Medically Fragile Students



Authorization for Administration of Medication

Before any prescription or non-prescription medication may be administered to a student, the school Principal must receive written parental consent and written instruction from the child's parent, physician or dentist. All written instructions and consent forms shall be filled in the school office. – Administrative Procedure 316

I hereby request and give my permission for the below-named school to administer medication prescribed on this form to my child. I make this request in the knowledge that school personnel have no special training or have limited training in the administration of the medication. Parents/guardians must inform the principal of any changes in the administration of the medication. A new request/authorization form must be completed and given to the principal. In addition, I accept responsibility to ensure the safe transportation of these medications to and from school. I hereby acknowledge that at my request the principal, or her/his designate, has been authorized to administer the prescribed medication:

Name of Student _____ **Date of Birth** _____
Address _____ **Phone Number** _____
School _____ **Teacher/Class** _____

Please complete the following information:

1. Name/type of Medication

2. Details for administration and/or situation in which this medication would be required

3. Time (s) medication is to be administered _____

4. Emergency/Contact Information

PHYSICIAN’S STATEMENT

5. Length of time for which a drug is to be administered

6. Dosage to be administered: _____

7. Action to be taken in the event of possible hazards or side effects

Physician’s Name: _____ Signature: _____

Person Administering Medication _____ Signature: _____

Alternate People to Administer Medication _____

The above information has been reviewed and verified. And I hereby release the principal and/or her/his designate and the Medicine Hat Catholic Board of Education from any claim for any harmful effects resulting from the administration of the prescribed medication and I hereby agree to indemnify and save harmless the principal and/or her/his designates and the Medicine Hat Catholic Board of Education from all claims that may be made as a result thereof. I have received a copy of the board’s policy on the administration of medication, and agree to follow the policy.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of School Principal: _____ Date: _____

IN THE CASE OF FOSTER PARENTS, PLEASE OBTAIN THE SIGNATURE OF AN ALBERTA SOCIAL SERVICES REPRESENTATIVE OR OFFICIAL