ADMINISTRATION OF MEDICINE

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Swan Valley School Division acknowledges that certain students may require prescribed medication during the school day. If possible, the drug treatment regimen should be modified by the prescribing physician to eliminate the need for dispensing medications during school hours.

To request the administering of medication, the parent(s) must complete Part I of the Authorization and Administration Form and have their physician complete Part II. Part III will be completed by the school. The principal will designate a person to administer the medication. The original copy of the form shall be maintained in the school.

Schools will refuse to administer prescribed medication to any child whose parents(s)/legal guardians(s) do not fully comply with this Administrative Procedure.

## **Storage of Medications**

- 1. Medications administered in school settings shall be stored in a locked location.
- 2. Medications shall be stored separately and apart from any other material, supply or objects in the locked location.
- 3. Medications for more than one child may be stored in the same locked location. Each medication shall be separated by a clear physical means such as, metal partitions, sealable plastic jars or boxes, individual plastic zipper bags or appropriate equivalent and shall be clearly labelled with the child's name.
- 4. The key shall be in the care and control of the person(s) responsible for administering the medication.
- 5. The key to the locked location shall remain on school premises at all times.
- 6. A spare key to the locked location shall be available and the person responsible shall be aware of the location of the spare key.
- 7. Medication requiring refrigeration shall be stored in a refrigerator, only accessible by staff.

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8. Medication required urgently shall not be stored in a locked location. Such medication shall be carried at all times on the person of the child or the adult responsible for administering the medication and shall include specific instruction for administration.

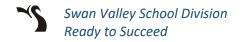
Such medication includes, but is not limited to:

- a) inhalers;
- b) injectable adrenaline (Epi Pen or equivalent).

## **Administering Medicine to Students**

### a) Administering Prescribed Medication to Students

- A designated staff member will administer the medication as prescribed and maintain the Daily Medication Record. The principal will designate a primary person and a back-up to administer the medication.
- 2. The Authorization for Administration of Prescribed Medication Form and the Daily Medication Record, will be kept near the locked location. Conditions for the Administration of Prescribed Medication are stated in Parent/Guardian Information, Exhibit #1 and Exhibit #2.
- 3. Medication must be delivered to the school by the parent/guardian or responsible adult in the original pharmacy container and in the proper dosage. If pills are to be taken in a dosage that is less than one pill, they must be cut to the appropriate size before coming to school. Liquid medication must be accompanied by a measuring device which will provide the exact dosage.
- 4. Parents must inform the school when a prescription is discontinued. The school will return any unused medication to the parent/guardian.
- 5. Parents/legal guardians shall complete a new Authorization for Administration of Prescribed Medication form each year or whenever the physician changes the prescription.



- If a student will not take the prescribed medication, the principal will be notified. The parent(s)/guardian(s) will be contacted immediately. If they are not available, the assistance of a qualified person will be sought.
- This administrative procedure is restricted to the administration of prescribed medication that can be taken orally or that can be applied externally.

## b) Administering Non-Prescribed Medicine to Students

A student requesting non-prescribed medicine, Advil or Tylenol only, shall be referred to the designated person(s). Each incident of this nature will be recorded. Parental approval will be obtained prior to administration. Dosage guidelines on the original label of the medicine will be followed. Acetylsalicylic acid tablets (Aspirin, Anacin) will not be administered.

The administration of non-prescribed medicine is intended for occasional relief only and is not to become a treatment regime.

# Administration of Injections

Anaphylactic Shock - Administering of Epi Pen/Anakit in Emergency Situation

- The school administration shall notify the parents/legal guardians that they
  are required to complete an Authorization for Administration of Prescribed
  Medication.
- 2. Arrangements will be made with the Public Health Nurse or other suitably qualified person to provide the appropriate training for school staff in the administering of medication by Epi Pen.
- 3. When the administering of Epi Pen is required, the student shall also be transported to the hospital.

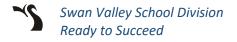
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### **Students with Chronic Medical Conditions**

A health care plan is to be prepared for each student with a chronic medical condition such as diabetes, epilepsy, kidney disease, asthma, migraine headaches, thyroid conditions, intestinal disorders and significant allergies.

- During the annual school registration and enrollment, students who have a chronic disability or illness and require medical attention during the school day will be identified. For each student so determined, the school administration will:
  - a) Require an appropriate health care plan determined by the parents/guardians in consultation with the principal.
  - b) Have the parents/guardians sign the required form(s).
  - c) Provide a health care plan to relevant personnel working with the student and file the information in a readily accessible place.
  - d) Ensure that substitute personnel are aware of chronically ill children placed in their care.
- 2. For a chronically ill child requiring medication, the procedures outlined in Administering Medication to Students shall be followed.
- 3. In all instances where symptoms of the illness manifest themselves or the child suggests that he/she may be feeling the onset of symptoms, the school shall respond in accordance with the directives provided under #1 a) and, as deemed necessary, communicate directly with the parents or the child's physician.
- 4. Under no circumstances shall staff ignore any symptoms or suggestions from a child that medical attention may be required or necessary.
- On an annual basis or as necessary, the principal's office shall have the parents/guardians verify the currency of the information concerning the child's medical condition.





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## **Transferring Students to Hospital**

When an emergency develops that requires the immediate transfer of a student to a hospital the person in charge shall determine if illness or injury is serious enough to warrant calling an ambulance. The person in charge shall call an ambulance and remain with the student until ambulance personnel take charge of the student.

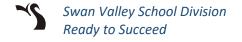
Some illness or injury may not require an ambulance but require medical attention at the hospital. The person in charge shall immediately notify the office.

The office upon being notified by the person in charge, shall notify the hospital indicating the nature of the student's illness or injury and any other pertinent information.

Upon delivery of the student to the hospital, the person in charge shall notify the receiving personnel and provide all pertinent information.

The person in charge shall submit an accident/incident report in the case of accident or a verbal report in the case of illness to the principal as soon as possible.

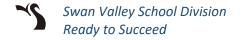




Authorization for the Administration of Prescribed Medication

S	CHOOL:	HE	ALTH #:			
N	AME OF STUDENT: _		GRADE: _			
ADDRESS: BIRTH DATE:						
TELEPHONE:		TE	ACHER:			
PART I – Parent's Request/Approval						
re		mission for the		se of this form and I hereby administer the medication		
Pa	arent's Signature		Date Signed			
PΑ	ART II – Physician's Si	tatement				
1.	Name/type of medica	ition				
2.	Dosage/amount to be	e given				
3.	. Frequency/times to be administered					
4.	J. Duration (week, month, indefinite, etc.)					
5.	Anticipated reaction t					
	(symptoms, side effe	cts, etc.)				
 Pł	nysician's Signature	Address	Telephone	Date Signed		





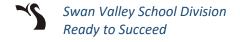
PART III - Designated Person(s) Administering Drugs

I have agreed to administer the medication as requested by the parents and in accordance with directions listed above by the physician

Signature of Principal/Person(s) Administering Medication

Date Signed

(please turn over)



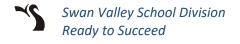
#### PARENT/GUARDIAN INFORMATION

I have read the Swan Valley School Division, Administering Medicine to students, general policy statement and I understand that:

- a) failure to comply to the procedures outlined in this policy will result in the refusal by divisional staff to administer medication or for the student to remain at home for the duration of the medication period.
- b) whenever possible, parents should make arrangements with their physician to have medication (prescribed and over-the-counter), administered outside of school hours.
- c) Medication must be delivered to the school by the parent/guardian or responsible adult in the original pharmacy container and in the proper dosage. If pills are to be taken in a dosage that is less than one pill, they must be cut to the appropriate size before coming to school. Liquid medication must be accompanied by a measuring device which will provide the exact dosage.
- d) Due to the fact any reaction to a new medication usually occurs the first time it is taken, the first dosage of new medication will not be administered at the school.

Authorization for Self Administration of Bronchial Aerosols

SCHOOL:	MEDICAL #:	
NAME OF STUDENT:		_ GRADE:
ADDRESS:	BIRTH DATE: _	
TELEPHONE:	_TEACHER:	

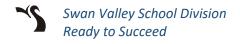


PART I – Parent's Request/Approval					
I have read the Parent/Guardian Authorization information on the reverse of this form and I hereby authorize the self- administration of the medicationas prescribed by Dr					
Parent's Signature	Date Signed				
PART II – Physician's Statement					
1. Name/type of medication					
2. Dosage/amount to be given					
3. Frequency/times to be administered					
4. Duration (week, month, indefinite, etc.)					
5. Anticipated reaction to medication					

Physician's Signature Address Telephone Date Signed

(symptoms, side effects, etc.)





## PART III - Designated Person(s) Administering Drugs

I have agreed to administer the medication as requested by the parents and in accordance with directions listed above by the physician.

Signature of Principal/Person(s	s) Administering Medication	
Date Signed		

#### PARENT/GUARDIAN AUTHORIZATION

I have read the Swan Valley School Division Administration of Medication Policy, Administration of Bronchial Aerosols, Epipens and Other Urgently Required Medications and I understand that:

- a) Failure to comply to the procedures outlined in this policy will result in the student being requested to remain at home.
- b) Students are to have access to their aerosols at all times. Procedures to be followed are:

Medication for elementary students shall be carried at all times on the person of the student or the adult responsible for administering the medication in an identified pouch or fanny pack. Written information on how to administer the medication is to be included in the pouch along with the procedures to be followed in emergency situations.

Middle Years/Senior Years students are responsible for carrying and administering the medication. School staff must be informed where the medication will be carried in the event an emergency situation arises.

c) Parents are responsible for ensuring that their child is trained in the use of the aerosol and for lost, misused or misplaced aerosols.