

4540 Administration of Medication

Policy 4540

STATUS: ADOPTED

ADMINISTRATION OF MEDICATION

Board Approved and Codified: November 4, 1985

Last Revised: June 19, 2013

Description:

The Board of Education realizes that it may be necessary, on occasion, to administer medication to students within the school environment/day.

ADMINISTRATION OF MEDICATION

Board Approved: September 22, 1980

Last Revised: June 19, 2013

Description:

The Principal will designate a person or persons who shall administer [or supervise the self-administration of medications] to students, if the following conditions occur:

1. The initiation for the administration of medication in the schools will continue to remain the responsibility of the parent/guardian. Each school principal, in conjunction with the student, parent, family physician and the Public Health nurse shall develop individual plans for the administration of medication to the student if:
 - i) The parent of a student wishing to request the administration of medication in the school makes a written request to the school principal.
 - ii) A student requiring medication can be reasonably assisted or supervised by a designated staff person.
 - iii) The medication is required while the child is attending school, and medication support is the only recommended option.
2. The parent has signed a release requesting the administration by a designated person. [Use Form Reg. 6710 attached]. This form must be updated each September.
3. The Public Health Nurse has been informed so that she may complete a Medic Alert Card, including possible side effects and necessary actions.
4. The designated person is named and where applicable and necessary has been trained with adequate instructions from the Public Health Nurse concerning the administration of the medication including side effects and medication storage.
5. A record of medication administration shall be maintained.
6. Medication shall be stored in a safe and secured location.
7. When a student requiring medication is involved in a Field Trip, there shall be a trained designated person on the trip.
8. Where a student is a bus student and has a Medic Alert Card, the Bus Driver shall be made aware of the medical condition and needs of the student.

REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL

Student's Name: _____

Medication: _____

Frequency, time, and manner in which medication is to be administered:

Name of family physician _____

I, _____, am the legal guardian of _____, confirm that my request for administration of medication at school for my child is necessary, in that the medication must be given during school hours. I HEREBY RELEASE School District #59 [Peace River South], its officers, directors, administrators and employees, of any liability for any and all claims whatsoever that I might have or that I might bring on behalf of my child, in connection with my current "Request For Administration of Medication At School."

I also hereby give permission for this information to be used by the School Based Team [principal, classroom teacher, learning assistant teacher, and appropriate student support personnel].

Signature: PARENT/LEGAL GUARDIAN

Date Medication is Authorized to Administer

If additional information is required the school may contact the family physician after consulting with the parent/guardian.