



ADMINISTRATIVE PROCEDURE	
<i>Approval Date</i> 2013	<i>Replacing</i> All previous policies
<i>Review Date</i> 2018	<i>Page</i> 1 of 9
<i>Contact Person/Department</i> Superintendent Responsible for Special Education	<i>Identification</i> OP – 6601

AUTHORIZATION FOR STORAGE AND ADMINISTRATION OF PRESCRIBED MEDICATION

1.0 PURPOSE

Trillium Lakelands District School Board recognizes that some students require the administration of physician or appropriate health care practitioner prescribed medication during school hours either on a daily basis or in response to certain medical conditions.

The Board, in partnership with community agencies and student families, is committed to ensuring staff are following a uniform and clear approach to the administration and storage of prescribed medication and are knowledgeable about the appropriate circumstances and required action for the provision of these services.

2.0 REFERENCES / RELATED DOCUMENTS

- 2.1 Ministry of Education Policy / Program Memorandum No. 81 Provision of Health Support Services in School Settings
- 2.2 Education Act and Regulations
- 2.3 Municipal Freedom of Information and Protection of Privacy Act
- 2.4 Trillium Lakelands DSB Field Trip Policy ES-5015 and Procedure ES-5016
- 2.5 TLDSB Freedom of Information and Protection of Privacy Policy OP-2030 and Procedure BD-2031
- 2.6 TLDSB Response to Anaphylactic Reactions Policy OP-6509 and Procedure OP-6510

3.0 TERMS AND DEFINITIONS

3.1 MEDICATION

A prescription or non-prescription drug which can be administered orally (pills, liquid, inhalants), by injection, by application (ointments, drops), or by insertion (suppository).

3.2 HEALTH CARE PRACTITIONER

A physician, nurse practitioner, homeopathic doctor or other approved medical professional who legally prescribes medication necessary to a student's health and well-being.

4.0 ADMINISTRATIVE PROCEDURE

4.1 AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

- 4.1.1 Certain students must receive, according to a regularly prescribed schedule, specific medication in order to have the opportunity to attend school and receive an education.
- 4.1.2 Complex medical assistance for students shall be provided through a Community Care Access Centre. However, the Ministry of Education continues to charge local school boards with the responsibility of administering medication to students.
- 4.1.3 Ensuring the provision of health support services shall be shared among the Ministries of Community and Social Services, Education and Health. Responsibility for the direct provision of these services at the local level will be shared by the agencies operating under the Ministry of Community and Social Services, Trillium Lakelands District School Board and the Community Care Access Centre.
- 4.1.4 The procedures which follow have been developed to provide a uniform approach to administering medication to students during school hours.
- 4.1.5 All authorization for the administration of medication shall expire as of the last school day in any given school year unless terminated at an earlier date.
- 4.1.6 If a request for the administration of medication is received by the principal, he/she will designate an appropriate staff member(s) to administer medication to students.
- 4.1.7 Liability is naturally a concern for staff involved in this procedure. As agents of the Board, all staff members are covered by Board liability insurance.
- 4.1.8 Procedures relative to the administration of prescribed medication shall only be adopted:
 - a) when requested by the parents/guardians;
 - b) when authorized by a physician or appropriate Health care practitioner, and
 - c) when medication must be administered during school hours.

4.2 THE ADMINISTRATION AND STORAGE OF MEDICATION

The administration of medication to students shall be regulated by the following procedures:

- 4.2.1 Explore Alternatives:

The principal shall, upon receipt of the request, ensure that the medication cannot be administered:

- a) at home rather than at school;
- b) at school by the parents/guardians; or
- c) at school by a person other than a school staff member who is authorized by parents/guardians (e.g. alternate caregiver).

4.2.2 Authorization for Prescribed Medication

(Appendix A – Authorization for Administration of Prescribed Medication Part A and Part B)

If the prescribed medication must be administered by designated staff, the principal shall, after agreeing to the request, obtain signed request/authorization forms from the parents/guardians and the supervising physician or appropriate health care practitioner, whenever a prescription is initiated or changed. (Completed forms to be placed in Documentation File of O.S.R. and old forms are to be destroyed)

4.2.3 Non-prescription Medication

The principal may, upon written parent/guardian request and without the authorization of a physician or appropriate Health care practitioner, administer non-prescription medication to a student according to the procedures for prescription medication. In administering medications no person shall contravene the instructions provided on packaging without clear instructions from a physician or appropriate Health care practitioner, Non-prescription medication must be in its original packaging

4.2.4 Transportation of Medication to and from School

The required authorization forms and the medication shall be delivered by the parents/guardians to the principal or designated person.

4.2.5 Safe location for Medication

The principal shall ensure that all medication is kept in a safe, secure location. All medication shall be clearly labeled by the pharmacy/physician or appropriate Health care practitioner, or manufacturer to indicate:

- a) name of student;
- b) name of medication;
- c) dosage;
- d) frequency of administration;

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- e) foods or other medications that could react with the drug;
 - f) special instructions for storage and/or disposal.

Note: Prescribed medication requiring refrigeration cannot be stored at the school unless a refrigerator in working order is available and located in a safe /secure area.

4.2.6 Recording Administration of Medication

(Appendix B – Individual Student Log of Administered Medication)

The principal shall ensure that the person designated to administer the medication maintains a daily record including:

- a) type of medication;
- b) date given;
- c) time given;
- d) means of administration (spoon, dropper, inhaler, auto injector, mixed with food, etc.);
- e) physical description of the medication (liquid, pill, colour, etc.);
- f) initials (daily) of person giving medication.

Individual Student Log of Administered Medication forms shall be placed with the medication. Completed forms shall be placed in the Documentation File of the O.S.R.

4.2.7 Office Health File

(Appendix C Medication Inventory Record)

The principal shall establish and maintain, in the school office, a central file with an up-to-date list of students receiving medication.

4.2.8 Administration of Medication

The principal, with the written authorization of the parents/guardians and physician or appropriate health care practitioner, will ensure that medication is administered in a manner which allows for sensitivity and privacy and which encourages a mature student to take an appropriate level of responsibility for administering his/her own medication.

4.2.9 Training

Appropriate training will be provided for staff regarding administering prescribed medication to students with life-threatening conditions (severe asthma, diabetes, epilepsy, life threatening allergies). This will occur in cooperation with trained local health providers (CCAC or others as appropriate) and with parent consultation.

4.2.10 Community Health Nurse

The principal will ensure that the Community Health Nurse or appropriate public health official has access to the School's Medication Inventory Record.

4.2.11 Disposal of Medication

The principal shall return unused or outdated medication directly to the parents/guardians.

4.2.12 Field Trips

As indicated on the field trip permission form (see TLDSB's Policy and Procedure on Field Trips ES-5016), the principal or designate, shall ensure that medication procedures are followed, where appropriate, while students are participating in field trip activities. Parents will inform school of any medication requirements beyond regular school day.

4.2.13 Summer School

The principal of summer school shall obtain new request / authorization forms (Appendix A) signed by the parents/guardians and the supervising physician or appropriate health care practitioner, for students attending summer school programs sponsored by Trillium Lakelands District School Board.

5.0 APPENDICES

- 5.1 Appendix A: Authorization for Storage and Administration of Prescribed Medication
- 5.2 Appendix B: Student Log of Administered Medication
- 5.3 Appendix C: Medication Inventory record



**AUTHORIZATION FOR STORAGE AND ADMINISTRATION OF PRESCRIBED
MEDICATION**

PART A

To be completed by attending Physician / Health care practitioner,
(Please type or print)

Student's Name: _____ Date of Birth: _____

Address: _____ School: _____

1.	a) Medication Prescribed: b) Method of Administration: c) Dosage: d) Time(s):
2.	Must medication be taken during school hours?
3.	Possible side effects of medication:
4.	Action to be taken should a reaction occur:
5.	Allergies which should be noted:
6.	Additional instructions (e.g. storage of medication, etc.)
7.	Expected date of discontinuation of medication:

Physician / Health care practitioner's name: _____ Telephone: _____

Address: _____

Physician / Health care practitioner's signature: _____ Date: _____

To be placed in Documentation file of O.S.R. (remove any old / outdated copies)

There should be one form completed for each prescription medication



**AUTHORIZATION FOR STORAGE AND ADMINISTRATION OF PRESCRIBED
MEDICATION**

PART B

To be completed by Parents / Guardians

This is to authorize the administration of the medication(s) prescribed as mentioned by the attending physician or appropriate health care practitioner, for:

Student's Name: _____ Date of Birth: _____

School: _____

Medic Alert I.D. Yes No

I/we hereby release Trillium Lakelands District School Board, its employees and agents from all actions, causes of action, suits, losses, damages or injuries howsoever caused, by negligence or otherwise, arising out of the administration or failure to administer medication as provided herein. I/we also agree to indemnify the Board, its employees or agents for any losses or damages sustained by them as a result of any such actions, or proceedings being commenced against them.

Parents/Guardians Signature: _____ Date: _____

Note:

Parents/Guardians are to provide MEDICATION in original CONTAINERS that are PROPERLY LABELLED by a Pharmacist indicating the STUDENT'S NAME AND ADMINISTRATION /STORAGE DIRECTIONS.

The medication will be delivered, according to an agreed schedule and amount to the Principal or designated person for safe keeping, unless otherwise determined.

In case of **EMERGENCY**, the contact person is:

Name: _____ Telephone: _____

To be placed in Office Health File



STUDENT LOG OF ADMINISTERED MEDICATION

STUDENT: _____

SCHOOL YEAR: _____

Medication	Description of Medication (pill, liquid, colour, etc.)	Method of Administration (mixed with food, spoon, etc.)	Dosage	Date	Time	Initials of person administering

Completed form to remain in the office health working file until the end of the school year

The personal information provided on this form is collected by the Trillium Lakelands District School Board under the authority of the Education Act, Freedom of Information and Protection of Privacy Act / Municipal Freedom of Information and Protection of Privacy Act and TLDSB Policy BD-2030/2031. The information will be used for the administration and storage of prescribed medication or as otherwise permitted /required by law. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use retention, transfer, and disposal of pupil records. For questions about this collection, speak to the school principal.

MEDICATION INVENTORY RECORD

SCHOOL: _____

SCHOOL YEAR: _____

Student's Name	Medication	Date Received	Quantity	Received by (initials)	Date Returned	Quantity	Returned By (initials)

To be placed in Office Health File