



ADMINISTRATIVE GUIDELINE

Title: Administration of Medication

Effective Date: October 5, 2000

Responsibility: Superintendent of Program
and Schools (Elementary)

1.0 Rationale

In accordance with Ministry of Education PPM 81, school boards share along with the Ministry of Education and the Ministry of Health the responsibility for ensuring that no school-aged child should be denied access to education because of special health support needs during school hours. In order to fulfil this mandate, the Near North District School Board recognizes the importance of providing clear guidelines to Principals/Vice Principals and other Board personnel when they are informed that students require such support.

2.0 Procedures Manual

Accompanying this guideline is a Procedures Manual. The administration of medication during school hours shall be permitted only in accordance with this manual. This manual shall be kept current with any changes in regulations.



ADMINISTRATION OF MEDICATION PROCEDURES MANUAL

Effective: October 5, 2000



**PROCEDURES MANUAL
ADMINISTRATION OF MEDICATION**

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PROCEDURES MANUAL ADMINISTRATION OF MEDICATION

1.0 RATIONALE

This Procedures Manual is intended to provide direction to Principal/Vice-Principal and other Board personnel when they are informed that one of their students requires medication during regular school hours.

These procedures do not apply to non-prescription medication taken by secondary students during school hours unless the student is exceptional in a manner which, in the Principal/Vice-Principal determination, requires an exception to this rule.

2.0 PROCEDURES MANUAL DIRECTIVE

Subject to the foregoing, this Procedures Manual applies in the following circumstances:

- 2.1 When it is essential for a student to take oral medication during regular school hours in order to attend school, and:
 - 2.1.1 the student is capable of self-administering the medication.
 - 2.1.2 the medication is not required to respond to an emergency (“self-administered medication”).
- 2.2 When prescribed medication is required to respond to an emergency, whether it is to be administered by the student or school support staff personnel (“emergency medication”);
- 2.3 When parent(s)/guardian(s) or responsible designates will be administering medication to a student during school hours.
- 2.4 When professional health services provided by the Ministry of Health are required.

3.0 STATEMENT OF PRINCIPLES

- 3.1 The administration of medication during school hours shall be permitted only in accordance with this Procedures Manual.
- 3.2 Parents/guardians and/or, where appropriate, students bear the prime responsibility for administration of medication when it is required during school hours.

- 3.3 Principal/Vice-Principal shall make an exception to this general rule when they are satisfied that a student requires medication during school hours to either remain at school or to respond to an emergency, and:
- 3.3.1 It is deemed not possible for a parent/guardian or a responsible designate to administer the medication; and/or,
- 3.3.2 The medication requires storage at the school.
- 3.4 Parents/guardians and/or, where appropriate, students are responsible for fully informing the Principal/Vice-Principal in accordance with the requirements of this Procedures manual if an exception to the general rule is required.
- 3.5 School personnel shall not:
- 3.5.1 Diagnose ailments or recommend medication;
- 3.5.2 Administer non-prescription medication (e.g. aspirin or cough medicine) without written authorization from the parent/guardian
- 3.5.3 Administer medication delivered by a non-oral delivery system (e.g. injection), unless the medication is required to respond to an emergency.
- 3.5.4 Perform diagnostic procedures for students (e.g. measuring a student's blood sugar).
- 3.5.5 These services required for 3.5.1 to 3.5.4 shall only be provided by duly qualified personnel supplied by the Ministry of Health, the student's parent(s)/guardian(s), a responsible designate and /or, where appropriate, the student.
- 3.6 Designated school personnel shall be non-teaching staff who have received appropriate instruction to carry out their duties.

4.0 **DEFINITIONS**

For the purposes of this Administrative Procedure:

- 4.1 "adult student" means a student who is:
- 4.1.1 The age of 18 or older and is not exceptional in a manner which requires the student's parent(s)/guardian(s) to act on his or her behalf.
- 4.1.2 Married; or,
- 4.1.3 The age of 16 or older but less than 18 and has withdrawn from parental control.

- 4.2 “minor student” means a student who is:
- 4.2.1 Under the age of 18; and to whom Section 4.1 does not apply; or,
 - 4.2.2 Who is the age of 18 or over but is exceptional in a manner which requires the student’s parent(s)/guardian(s) to act on his or her behalf with respect to the administration of medication.
- 4.3 “OSR” means pupil records as defined by the *Education Act* and its regulations.

5.0 AUTHORIZATION

- 5.1 The applicable Authorization Form shall be provided to the school when medication is to be self-administered or administered to a student by school personnel, as follows

Student	Who Must Provide Authorization
Adult Student	Student
Minor Student	Parent(s)/Guardian(s)

In circumstances where the parent(s)/guardian(s) authorization is required, it shall be provided as follows:

Parent(s)/Guardian(s)	Authorization Required
One living parent	Parent’s authorization
Two parents living together	Both parents’ authorizations preferred, but one is sufficient
Two parents, separated, divorced or living apart, with court order	In accordance with court order
Two parents, separated, divorced or living apart, with no court order	The parent with whom the student lives
Guardian(s)	In accordance with court order or instrument of appointment if no court order is yet in place
Individual having written authorization by parent as having short term care without court order or instrument of appointment in absence of parents (e.g. grandparent)	Individual’s authorization is sufficient

If there is any doubt as to who must provide authorization, the Principal/Vice-Principal shall consult with his or her Supervisory Officer.

- 5.2 At the beginning of the school year, each school shall notify parents/guardians and/or, where appropriate, students that medication may be confiscated if the procedures outlined in the manual have not been complied with. (*See Sample Notification Letter to Parents/Guardians - Appendix G*)

6.0 REFUSAL OF MEDICATION OR AUTHORIZATION

- 6.1 If a student fails or refuses to take self-administered or administered medication, school personnel shall advise the student's parent(s)/guardian(s) as soon as possible.
- 6.2 If a student refuses to accept emergency medication, school personnel shall attempt to administer it provided there is no risk of injury to himself or herself or to the student. School personnel shall immediately call for emergency medical treatment and notify the student's parent(s)/guardian(s) or emergency contact.
- 6.3 School personnel who have reasonable grounds to suspect that a minor student under the age of 16 is in need of medication during school hours and that the parent(s)/guardian(s) have neglected or refused to arrange the administration of medication should refer to Child Abuse/Child Protection Protocol Administrative Guideline to determine the required action to be taken.
- 6.4 If a minor student between the ages of 16 and 18 provides the school with a duly signed Medical Information Form or Medical Emergency Information Form duly signed by the student's physician, but the parent(s)/guardian(s) are not prepared to provide authorization, the Principal/Vice-Principal shall refuse attendance of the child until authorization is completed. He/she shall consult with the Supervisory Officer to decide whether the authorization of the parent(s)/guardian(s) is required in the circumstances and what course of action needs to be pursued.

7.0 SELF-ADMINISTERED MEDICATION

- 7.1 Where students are to self-administer medication which is not required to respond to an emergency during regular school hours:
- 7.1.1 Parent(s)/guardian(s) and/or where appropriate students shall submit an *Authorization Form for Self-Administered Medication (see Appendix "A")* to the Principal/Vice-Principal. The Medical Information Form should be completed by the parent(s)/guardian(s) and/or, where appropriate, the student, and need not be signed by the student's physician. (***These forms shall be filed in the student's OSR***)
- 7.1.2 The Principal/Vice-Principal, in cases of short term administration of medication, may make exceptions to 7.1.1 by requiring the following information:
- 7.1.2.1 The name of the medication.
- 7.1.2.2 Dosage of the medication to be taken.

- 7.1.2.3 Storage requirements for the medication, including whether it is recommended that the student retain possession of the medication.
- 7.1.2.4 Time(s) or circumstances in which the medication is to be taken during school hours.
- 7.1.2.5 The date of final administration of the medication (e.g. How long will the medication be taken?).
- 7.1.2.6 A signature of the parent regarding the above.
- 7.1.2.7 Medication supplied in the original container as dispensed and labelled by the pharmacy.

- 7.1.3 The parent(s)/guardian(s) and/or, where appropriate, the student, shall be responsible for supplying the medication in the original container as it is supplied and labelled by the pharmacy. If necessary, additional labelling shall be added by the parent(s)/guardian(s) and/or the student to ensure the container is labelled at minimum with the student's name, the name of the medication, the times at which it is to be taken, the dosage (e.g. "one tablet at 11:00 o'clock"), the date the medication expires and instructions for ingestion (e.g. with water).

- 7.1.4 The Principal/Vice-Principal shall request any additional information he or she feels necessary or relevant.

- 7.1.5 No records of self-administration will be kept.

- 7.1.6 Medication shall be stored by the school if:
 - 7.1.6.1 The medication requires special storage (e.g. refrigeration); and/or,
 - 7.1.6.2 Requested by parent.

- 7.1.7 The parent(s)/guardian(s) and/or, where appropriate, the student, shall be responsible for supplying a minimum of one day's dosage.

- 7.1.8 The parent(s)/guardian(s) and/or, where appropriate, the student, shall be responsible for submitting immediately new forms if the information supplied to the school changes or the Authorization Form expires and, if required, shall submit new forms after June 30 annually.

- 7.2 If the school is to store the medication, the Principal/Vice-Principal in conjunction with the parent(s) and/or guardian(s) shall arrange the following:
 - 7.2.1 A secure location for the storage of the medication in accordance with its storage requirements (e.g. refrigeration);

 - 7.2.2 Appointed times and informed designated school personnel with alternate designated school personnel to make the medication available to the student.

- 7.2.3 A date for discontinuation of medication. All information arrangements expire no later than June 30 and must be renewed for each school year.
- 7.2.4 The return of unused medication to parents/guardians or, where appropriate, the student.
- 7.2.5 Where the student's medical condition is of a long-term or continuous nature, the Principal/Vice-Principal shall request the parent(s)/guardian(s) to provide suitable identification, such as a Medic Alert bracelet, of the condition and the procedure to be followed in an emergency.
- 7.2.6 A copy of the forms and any related arrangement notes shall be kept by the Principal/Vice-Principal and made available as required to the designated school personnel, the parent(s)/guardian(s) and/or, where appropriate, the student. The Principal/Vice-Principal shall advise school personnel to retain all copies of the forms and notes in a manner which protects the student's privacy and to return the copies to the Principal/Vice-Principal when the medication is no longer required or at the end of the school year.
- 7.2.7 The disposal of all copies of the forms and notes in possession of school personnel when the medication is no longer required or shortly after June 30 annually. The original forms and notes shall be retained in the OSR.

8.0 ADMINISTERED MEDICATION

- 8.1 Oral medication not required to respond to an emergency will likely fall into one of three categories:
 - 8.1.1 Long Term medication which is necessary on an on-going basis, e.g. medication which controls hyperactivity or seizures.
 - 8.1.2 Short Term medication which is necessary for a specific period of time, e.g. antibiotics.
 - 8.1.3 Infrequent medication which is necessary to treat a specific condition, e.g. antihistamine for an allergy which is not life threatening.
- 8.2 Where oral medication is to be administered by school personnel to a student:
 - 8.2.1 Parent(s)/guardian(s) and/or, where appropriate, students shall submit an appropriately signed *Authorization Form for Administered Medication (Non-Emergency)* (see Appendix "B") to the Principal/Vice-Principal. The Medical Information Form must be completed by the student's physician, if required by the principal, or by the parent(s)/guardian(s) for the

administration of non-prescription medication to elementary or exceptional students. These forms shall be filed in the OSR.

- 8.2.2 The Principal/Vice-Principal, in cases of short term administration of medication, may make exceptions to 8.2.1 by requiring the following information:
- 8.2.2.1 The name of the medication.
 - 8.2.2.2 Dosage of the medication to be taken.
 - 8.2.2.3 Storage requirements for the medication, including whether it is recommended that the student retain possession of the medication.
 - 8.2.2.4 Time(s) or circumstances in which the medication is to be taken during school hours.
 - 8.2.2.5 The date of final administration of the medication (e.g. how long will the medication be taken?).
 - 8.2.2.6 A signature of the parent regarding the above.
 - 8.2.2.7 Medication supplied in the original container as dispensed and labeled by the pharmacy.
- 8.2.3 The parent(s)/guardian(s) and/or, where appropriate, the student, shall be responsible for supplying the medication in the original container as it is supplied and labeled by the pharmacy. If necessary, additional labeling shall be added by the parent(s)/guardian(s) and/or the student to ensure the container is labeled at minimum with the student's name, the name of the medication, the times at which it is to be taken, the dosage (e.g., "one tablet at 11:00 o'clock"), the date the medication expires and instructions for ingestion (e.g. with water).
- 8.2.4 In situations of uncertainty the Principal/Vice-Principal shall advise the Supervisory Officer of the request for Administered Medication.
- 8.2.5 The Principal/Vice-Principal shall request any additional information he or she feels necessary or relevant.
- 8.2.6 All medication to be administered by school personnel shall be stored by the school in a locked cabinet inaccessible to students or the general public.
- 8.2.7 The Principal/Vice-Principal shall in conjunction with the parent(s)/guardian(s) and/or, where appropriate, the student, arrange for the following:
- 8.2.7.1 Compliance with the physician's requirements and the frequency of administration.
 - 8.2.7.2 Secure storage of the medication in accordance with its storage requirements (e.g. refrigeration).
 - 8.2.7.3 Designated school support staff personnel and alternates to administer the medication with appropriate training.

- 8.2.7.4 Record keeping of the administration of medication.
 - 8.2.7.5 A place to administer the medication.
 - 8.2.7.6 A date for discontinuation of medication is required. All arrangements expire no later than June 30th and must be renewed for each school year.
 - 8.2.7.7 The return of any unused medication to the parent(s)/guardian(s) or, where appropriate, the student when it is no longer required or at the end of the school year, or it will be otherwise safely disposed.
 - 8.2.7.8 A copy of the forms and any arrangement notes shall be kept by the Principal/Vice-Principal and made available to the designated school support staff personnel, the Principal/Vice-Principal, the parent(s)/guardian(s) and, the student where appropriate. A copy of the forms and the arrangement notes shall also be attached or kept with the Record of Administration of Oral Medication (*Appendix E*) or Record of Medication for Specified situations (*Appendix F*).
- 8.2.8 If there is a situation of uncertainty the Principal/Vice-Principal may choose to notify his or her Supervisory Officer of the request for Administered Medication. The Principal/Vice-Principal shall provide a copy of the Forms and arrangements to the Supervisory Officer. The Supervisory Officer shall review the documentation to ensure that it adheres to the procedures of the guideline.
- 8.2.9 The Principal/Vice-Principal shall advise school personnel to retain all copies of the forms and arrangement notes in a manner which protects the student's privacy, and to return the copies to the Principal/Vice-Principal when the medication is no longer required or at the end of the school year.
- 8.2.10 The Principal/Vice-Principal shall destroy all copies of the forms and written arrangements in the possession of school personnel when the medication is no longer required or shortly after June 30. The original forms and arrangement notes shall be retained in the OSR.
- 8.3 Principal/Vice-Principal shall ensure that designated school personnel are familiar with and maintain a Record of *Administration of Prescribed Oral Medication* (attached as (*Appendix "E"*) or *Record of medication for Specified Situations* (*Appendix F*). The choice of forms shall be in accordance with the prescribed administration. A separate record will be kept for each medication to be administered to the student.
- 8.3.1 The record shall show the student's name, the medication's label information, the telephone numbers of the student's physician, parent(s)/guardian(s) and/or emergency contact(s), the names of the designated school personnel and the dates or circumstances in which the medication is to be administered. The

record shall be secured with the medication or near where the medication is stored.

- 8.3.2 The person administering the medication shall record the date, time, dosage, his or her own name or initials, any side effects and any response to side effects.
- 8.3.3 The Principal/Vice-Principal shall periodically review the record to ensure that it is being kept appropriately and take steps to address any identified problems.
- 8.3.4 When the medication is no longer required or at the end of the school year, the record shall be placed in the OSR.
- 8.3.5 Where the student's medical condition is of a long-term or continuous nature, the Principal/Vice-Principal shall request the parent(s)/guardian(s) to provide suitable identification, such as a Medic Alert bracelet, of the condition and the procedure to be followed in an emergency.

9.0 **EMERGENCY MEDICATION**

- 9.1 Some students may have medical conditions which can often with no or little warning, cause serious or life-threatening episodes, which require an immediate response. Examples are grand mal seizures and life-threatening allergic reactions (e.g. anaphylactic shock caused by exposure to peanuts, bee stings).

Some students may be able to self-administer emergency medication. However, there is always a possibility that a student will become incapacitated in an emergency.

Where medication or appropriate intervention is required to respond to an emergency which may take place during regular school hours:

- 9.1.1 Parent(s)/guardian(s) and/or where appropriate students shall submit the appropriately signed *Authorization Form for Emergency Medication* (attached as Appendix "C").
 - 9.1.2 If necessary, the Principal/Vice-Principal shall request any additional information he/she determines is necessary. In particular, detailed information from the student's physician about the student's medical needs during an emergency is required.
- 9.2 Where the student is attending school and the procedures set out in this part are not yet in place, the Principal/Vice-Principal shall consult with the Supervisory Officer to determine whether the student will be allowed to attend school until the procedures are in place.

- 9.3 In situations of uncertainty, the Principal/Vice-Principal shall consult with the Supervisory Officer to determine whether it is within the duties of Board personnel to administer the emergency medication, or whether it is the responsibility of health care professionals provided by the Ministry of Health. If it is determined that administration of the emergency medication is within the duties of Board personnel, this section applies. Otherwise, Section 11.0 applies.
- 9.4 There may be situations where, given the nature of the medical condition and the life threatening nature of the emergency episode, a student will not be allowed to attend the regular day school program unless and until the services of health care professionals are in place. In these circumstances it may be appropriate for the Principal/Vice-Principal to schedule an IPRC meeting to discuss the student's potential exceptionality.
- 9.5 Where it is determined that the administration of emergency medication is within the duties of Board personnel the Principal/Vice-Principal, in consultation with the parent(s)/guardian(s) and/or, where appropriate, the student, will inquire into the emergency services available. The following information is required:
- 9.5.1 What is the expected response time for the ambulance?
- 9.5.2 Which hospital will the ambulance take the student to? If there is a choice, the parent(s)/guardian(s) and/or the student may specify a preference.
- 9.5.3 Will the ambulance attendants or paramedics be qualified to administer the medication?
- 9.5.4 Will the ambulance be equipped with the required medication?
- 9.5.5 Are there alternative sources of emergency assistance available?
(i.e. fire department, medical clinic)
- 9.5.6 Will the student's own physician or another qualified person from his or her office agree to and be in a position to attend in the event of an emergency?
- 9.6 Some medication may require training in order to administer. Primary and detailed training will be given to school support staff personnel and the student's bus driver designated as individuals responsible for administration of medication. Teachers will not be assigned such designated duties but will receive necessary training. The Public Health Nurse and the Principal/Vice-Principal shall consult with the parent(s)/guardian(s) and/or, where appropriate, the student to arrange for designated school support staff personnel to receive the appropriate training. The Principal/Vice-Principal shall keep a record of all such training in the student's OSR. In addition, the Principal/Vice-Principal shall, where possible, obtain written

confirmation from the person conducting the training that the school support staff personnel were trained and are competent to administer the medication. Qualified medical personnel may include, depending on the circumstances:

- 9.6.1 A physician.
- 9.6.2 The Victoria Order of Nurses.
- 9.6.3 Personnel provided by the Ministry of Health or recommended by the Ministry of Health.
- 9.6.4 In the event that none of the above are willing or available within reasonable financial expectations to provide the service, documentation to that effect will be made and the student's parent who has been trained, will be requested to provide the training.
- 9.7 The training should be reviewed and offered annually to new staff and those requiring an update.
- 9.8 The Principal/Vice-Principal shall develop, in conjunction with the parent(s)/guardian(s) and/or where appropriate, the student: a written Emergency Protocol setting out step-by-step the procedures to be taken in response to an emergency situation.
- 9.9 The parents/guardians and/or where appropriate the student, has the responsibility to review the protocol with the physician and have it signed by the doctor before the protocol can be well implemented.. (*See letter of request Appendix H*). Following that the parent(s)/guardians and/or where appropriate the student, and the Principal/Vice-Principal will sign the same protocol.
- 9.10 The Emergency Protocol will vary depending on the particular medical circumstances but will at minimum: (*Appendix I provides a form that would be a minimally acceptable standard for an Emergency Protocol. Specific cases may require more detailed documentation*)
 - 9.10.1 Have the student's name, picture and the words "Emergency Protocol" displayed prominently on the front.
 - 9.10.2 Comply with any requirements communicated in writing by the student's physician.
 - 9.10.3 Briefly describe the medical condition and the potential emergency situation (e.g. seizure, potentially fatal, medication must be administered in 5 minutes).
 - 9.10.4 Describe the circumstances in which the medicine is to be administered to the student (e.g. what symptoms will be observed?)

- 9.10.5 Designate sufficient number of specific school support staff personnel and school support staff alternates to administer and assist with the administration of the medication, including removing and caring for other students, and notification of parents.
Be sure all times of the day are covered including bus travel.
- 9.10.6 Ensure that the parent(s) or guardian(s) and/or where appropriate, the student shall be responsible for supplying, at minimum, two sets of emergency medication in the original container as it is supplied and labeled by the pharmacy. and enough to last until the child can be transported to hospital in the original container as it is supplied and labeled by the pharmacy. If necessary, additional labeling shall be added by the parent(s)/guardians(s) and/or the student to ensure the container is labeled at minimum with the student's name, the name of the medication and the dosage, the date the medication expires and instructions for use.
- 9.10.7 Specify the telephone numbers for emergency medical services and parent(s)/guardian(s)/ emergency contact(s) to be called and the information to be provided by designated school personnel.
- 9.10.8 Provide instructions as to what to do or not to do in response to the emergency episode.
- 9.10.9 Provide step-by-step instructions as to how the medication is to be administered, including any necessary health precautions for school personnel (e.g. rubber gloves).
- 9.10.10 Provide instructions in the event there is a repeat of the emergency episode or the symptoms do not subside.
- 9.10.11 Provide for the student to be taken to the hospital by ambulance unless a parent/guardian/emergency contact is available to take the student into his or her care.
- 9.10.12 Provide for the safe disposal of emergency medication and its apparatus after it has been used (e.g. needles).
- 9.10.13 When the ambulance is ready and the parent(s)/guardian(s)/emergency contact(s) have not arrived, provide for notification to them as to where the ambulance is taking the student and, where necessary, provide for school personnel to accompany the student to the hospital.
- 9.10.14 Establish additional procedures necessary for situations in which the emergency episode might take place (e.g. gym, playground).
- 9.10.15 Provide for special circumstances (i.e. parent(s)/guardian(s) must attend on field trips otherwise the student may not attend).
- 9.10.16 Provide that, if possible, any unused medication will be returned to the parent(s)/guardians(s) or, where appropriate, the student when it is no longer required or at the end of the school year, or will be otherwise safely disposed .
- 9.10.17 Provide for in accordance with:
- The storage requirements for the medication.
 - The need to access the medication quickly.
 - The safety of the student requiring the medication, and,

- The safety of other students and school personnel.
- Provide for the display of the Emergency Protocol in appropriate places (i.e. classroom of student, office, staff room, teacher's daybook).
- Arrange an alternative procedure for the parent(s) / guardians(s) and/or the student too follow when school personnel are unable to provide emergency medication on a given day or days.
- Ensure that the Emergency Protocol will be reviewed regularly by one trained employee and all newly appointed designates.
- Require the parent(s)/guardian(s) and/or, where appropriate, the student to submit immediately new Forms if there is a change in the information provided to the school.
- Inform them that the Emergency Protocol expires on June 30 and that new Forms must be submitted after June 30 annually.

9.11 The Principal/Vice-Principal shall review the Emergency Protocol with the designated school personnel and substitutes and ensure they understand and are familiar with the required procedures.

9.12 The Principal/Vice-Principal shall require the parent(s)/guardian(s) and/or, where appropriate, the student, to provide suitable identification, such as a Medic Alert bracelet, to be worn by the student identifying the nature of the condition and the procedure to be followed in an emergency.

9.13 The Protocol shall be attached to the Forms and placed in the OSR.

9.14 A copy of the Protocol will be kept by the Principal/Vice-Principal and provided to the designated school support staff personnel, the parent(s)/guardian(s) and, where appropriate, the student.

9.15 When required, the Supervisory Officer shall review the Emergency Protocol to ensure that it adheres to this Administrative Procedure.

9.16 The Principal/Vice-Principal shall advise school staff support personnel to retain all copies of the Emergency Protocol in a manner which protects the student's privacy, and to return the copies to the Principal/Vice-Principal when the medication is no longer required or, in any event, at the end of the school year.

9.17 The Principal/Vice-Principal shall ensure that all copies of the Emergency Protocol in possession of school support staff personnel are destroyed when the medication is no longer required or, in any event, on or shortly after June 30. The original Emergency Protocol and Forms shall be retained in the OSR.

10. ADMINISTRATION OF MEDICATION BY PARENTS/GUARDIANS AND RESPONSIBLE DESIGNATES

- 10.1 Parents/guardians wishing to administer medication to students during school hours or parents/guardians and adult students wishing to appoint a responsible designate to do so shall submit an authorization for *Administration of Medication to Students by Parents/Guardians and Responsible Designates* (see Appendix “D”).
- 10.2 School personnel may not allow the administration of medication to a student if the Forms have not been received by the school. School personnel who have not been notified in advance of a parent/guardian or responsible designate’s attendance to administer medication should immediately notify the Principal/Vice-Principal.
- 10.3 The Principal/Vice-Principal shall ensure that the appropriate individual has signed the *Authorization Forms* (Appendix D) and shall request any additional information he or she feels is necessary.
- 10.4 The Principal/Vice-Principal shall consult with the parent(s)/guardian(s), student’s teacher, the responsible designate (where applicable), and/or, where appropriate, the student, to develop a schedule for administration of the medication which is the least disruptive to the student and other students and school personnel.
- 10.5 Prior to administering medication to a student, all persons administering medication to a student and any person appointing a responsible designate must meet with the Principal/Vice-Principal and appropriate school personnel to be determined by the Principal/Vice-Principal to ensure that the individual who will be administering the medication is known by school personnel.
- 10.6 The schedule arranged in 10.4 will specify that new arrangements must be made and new Forms submitted after the expiry date specified or after June 30.
- 10.7 A copy of the schedule shall be made available to the Principal/Vice-Principal, the teacher(s), the parent(s)/guardian(s), the Designate (where applicable) and/or, where appropriate, the student. The Forms and the Schedule shall be placed in the OSR.
- 10.8 The Principal/Vice-Principal shall monitor the Schedule to ensure that it is working and will take appropriate steps to address any problems, which arise. However, the responsibility for administration of the medication remains solely that of the parent(s)/guardian(s), responsible designate(s) or adult student. No records will be kept by school personnel of the administration of medication.
- 10.9 Where the student's medical condition is of a long-term or continuous nature, the Principal/Vice-Principal shall request the parent(s)/guardian(s) to provide suitable identification, such as a Medic Alert bracelet, of the condition and the procedure to be followed in an emergency.
- 10.10 The Principal/Vice-Principal shall destroy all copies of the Schedule in the possession of school support staff personnel when the medication is no longer required or shortly after June 30 annually. The original Forms and Schedule will be retained in the OSR.

11.0 PROFESSIONAL HEALTH CARE SERVICES

11.1 When it is determined that it is not within the duties of Board personnel to administer emergency medication, and a student requires professional health care services to provide the administration of medication during regular school hours, the Principal/Vice-Principal shall assist the parent(s)/guardian(s) and/or, where appropriate, the student, to obtain such services.

11.2 For further information with respect to obtaining assistance from the Ministry of Health, please contact:

Medical Officer of Health
North Bay Parry Sound District Health Unit
681 Commercial Street
North Bay, ON P1B 4E7
(Tel) (705) 474-1400
(Fax) (705) 474-8252

Medical Officer of Health
Simcoe Muskoka District Health Unit
15 Sperling Drive,
Barrie, Ontario L4M 6K9
(Tel) (705) 721-7330
FAX (705) 721-1495



Administration of Medication

Appendices

Effective: October 5, 2000



APPENDIX A

**AUTHORIZATION FOR SELF-ADMINISTRATION OF MEDICATION
AND STORAGE OF MEDICATION**

This form notifies school personnel that a student is authorized to self-administer medication during school hours. The Medical Information Form must also be completed. Medication found in a student's possession may be confiscated if the school has not received these completed forms.

If it is necessary for more than one day's dosage to be stored at school or assistance is otherwise required for the storage of the medication, please indicate below that storage of the medication is requested.

The Principal may, in his or her discretion, require that medication be stored by the school.

When medication is to be stored by the school, the Principal will arrange procedures for storing and accessing the medication.

Regardless of whether medication is stored by the school or kept by the student, no records will be kept by school personnel of the student's self-administration of medication.

Copies of this form, the Medical Information Form and any Protocol attached hereto shall be provided to: parent(s)/guardian(s) and/or, where appropriate, the student, the Principal and Board personnel to be designated by the Principal as required.

A. Student Information

Student's Name _____ Date of Birth _____

Parent's Name _____

School _____ Grade/Course _____ Teacher(s) _____

Home Telephone Number(s) _____ Parent(s) Work Telephone Number(s) _____

Address _____

Emergency Contacts & Telephone Numbers _____

Physician _____ Telephone Number(s) _____

B. Storage of Medication

NOTE: A maximum of 1 day's dosage (where applicable) shall be sent each day the medication is required unless assistance with storage of the medication has been arranged with the Principal.

Please check one:

- Assistance with storage of the medication is requested.
- Assistance with storage of the medication is not requested.
- Storage Requirements.



C. Medical Information Form (Non-Emergency)

This section must be completed by the student's physician if requested by the Principal.

Name of medication _____

Medical condition requiring this medication _____

Description of medical condition _____

Form of the medication (e.g. tablets, liquid) _____

Time(s) to be taken during school hours _____

Dosage _____

Instructions for ingestion (e.g. with food, water) _____

Date of final administration . _____

Possible side effects _____

Necessary action in event of side effect _____

Storage requirements: _____

Any other special instructions or other information which will assist school personnel

Physician Signature (where required) _____ Date _____



D. Authorization of Parent(s)/Guardian(s)/Adult Student

I/We am/are [the parent(s)/guardian(s) of] _____, a student at _____ School. I/We hereby advise that the medication specified in the Medical Information Form shall be self-administered by this student/me in accordance with this form, the Medical Information Form. We understand and acknowledge that it is my/our responsibility to supply the medication, labelled as required by the Principal, and to provide information sufficient for a full understanding of any procedures to be followed by school personnel. I/we understand that school personnel storing medication will not keep a record of its self-administration.

I/We hereby acknowledge that this authorization will terminate automatically on June 30 of this school year, or earlier as specified in the Medical Information Form. I/We acknowledge that a new Authorization Form for the Self-Administration of Medication & Storage of Medication and a new Medical Information Form must be immediately completed if there is any change in the information contained therein.

I/We hereby acknowledge that the Near North District School Board (the “Board”), its agents or employees shall not be responsible for the administration of such medication, and I/we hereby release the Board, its agents and employees from all manner of actions, causes of action, suits, losses, damages or injuries, however caused, arising out of the self-administration of medication by this student/me, or failure of this student/me to self-administer such medication or to self-administer such medication properly, or arising from storage of medication by Board employees, and I/we do also hereby indemnify the said Board, its employees or agents for any losses or damages sustained by the Board as a result of such actions or proceedings being commenced against them by myself/ourselves, or any of this student’s/my relatives, agents, sponsors or guardians.

I/We hereby acknowledge that I/we have read and fully understand the terms set out herein.

Parent/Guardian or Adult Student Signature

Date

Parent/Guardian or Adult Student Signature

Date

NOTE:

1. The information gathered in this form is collected pursuant to the Education Act, the Municipal Freedom of Information and Protection of Privacy Act, related legislation and policies and the policies of the Near North District School Board. This information will be used to assist with meeting the health needs of the student. This form will be kept in the student’s pupil records. If there are any questions about the information gathered on this form, please contact the Principal.
2. After June 30 of each year, a new form must be completed for the following year.

AUTHORIZATION FOR ADMINISTERED MEDICATION (NON-EMERGENCY)

This form must be completed to request that school personnel administer oral medication not required to respond to an emergency to a student during school hours. Medication found in a student's possession may be confiscated if the school has not received these completed forms. Non-prescription medication shall not be administered to secondary students by school personnel unless the student is exceptional in a manner which, in the Principal's determination, requires an exception to the rule.

If the Principal determines that it would be appropriate for school personnel to administer oral medication to the student, the Principal shall establish procedures for the storage and administration of the medication. Medication to be administered by school personnel shall not be stored by the student. The procedures shall be developed in conjunction with the parent(s)/ guardian(s) of the student and/or, where appropriate, the student.

School personnel shall keep a record of the administration of the medication.

Copies of this form, the Medical Information Form and any written arrangements attached hereto shall be made available to: parent(s)/guardian(s) and/or, where appropriate, the student, the Principal and Board personnel to be designated by the Principal as required.

A. Student Information

Student's Name _____ Date of Birth _____ Parent's Name _____

School _____ Grade/Course _____ Teacher(s) _____

Home Telephone Number(s) _____ Parent's Work Telephone Number(s) _____

Address _____

Emergency Contact(s) & Telephone Numbers _____

Physician _____ Telephone Number(s) _____

B. Medical Information Form (Non-Emergency)

This section must be completed by the student's physician if requested by the Principal.

Name of medication _____ Medical condition requiring this medication _____

Description of medical condition _____

Form of the medication (i.e. tablets, liquid) _____ Time(s) to be taken during school hours _____

Dosage _____ Instructions for ingestion (i.e. with food, water) _____

Date of final administration _____

Possible side effects _____ Necessary action in event of side effect _____

Storage requirements

Any other special instructions or other information which will assist school personnel.

Signature of Physician

Date



C. Authorization Form

I/We am/are [the parent(s)/guardian(s) of] _____, a student at _____ School. I/We hereby authorize that the medication specified in the Medical Information Form to be administered to this student/me in accordance with this form, the Medical Information Form and any written arrangements attached hereto with respect to the storage and administration of medication form which has been signed by me/us. I/We understand and acknowledge that it is my/our responsibility to supply the medication, labelled as required by the Principal, and to provide information sufficient for a full understanding of any procedures to be followed by school personnel.

I/We hereby acknowledge that this authorization will terminate automatically on June 30 of this school year, or earlier as specified in the Medical Information Form. I/We acknowledge that a new Authorization Form for Administered Medication and a new Medical Information Form must be immediately completed if there is any change in the information contained therein.

I/we hereby release the Near North District School Board (the "Board"), its agents and employees from all manner of actions, causes of action, suits, losses, damages or injuries, however caused, arising out of the storage and administration of medication to this student/me by Board employees, and I/we do also hereby indemnify the said Board, its employees or agents for any losses or damages sustained by the Board as a result of such actions or proceedings being commenced against them by myself/ourselves, or any of this student's/my relatives, agents, sponsors or guardians.

I/We hereby acknowledge that I/we have read and fully understand the terms set out herein.

Parent/Guardian or Adult Student Signature

Date

Parent/Guardian or Adult Student Signature

Date

NOTE:

1. The information gathered in this form is collected pursuant to the Education Act, the Municipal Freedom of Information and Protection of Privacy Act, related legislation and policies and the policies of the Near North District School Board. This information will be used to assist with meeting the health needs of the student. This form will be kept in the student's pupil records. If there are any questions about the information gathered on this form, please contact the Principal.
2. After June 30 of each year, a new form must be completed the following year.



APPENDIX C

AUTHORIZATION FORM FOR EMERGENCY MEDICATION

This form must be completed to request that school personnel administer medication required to respond to an emergency which may take place during school hours. The Medical Emergency Information Form must also **be completed by the student's Physician**. Medication found in a student's possession may be confiscated if the school has not received these completed forms.

The Principal shall determine whether it is within the duties of school personnel to administer the emergency medication. If the Principal determines that the administration of emergency medication is not within the duties of school personnel, the Principal will discuss the available alternatives with you.

If the Principal determines that it is within the duties of school personnel to administer the emergency medication to the student, the Principal shall establish procedures for the storage and emergency administration of the medication. The procedures shall be developed in conjunction with the parent(s)/ guardian(s) of the student and/or, where appropriate, the student. The procedures will be in compliance with the information presented on the form.

Copies of this form, the Medical Emergency Information Form and any Protocol attached hereto shall be made available to: parent(s)/guardian(s) and/or, where appropriate, the student, the Principal and Board personnel to be designated by the Principal as required.

A. Student Information

Student's Name _____ Date of Birth _____

Parent's Name _____

School _____

Grade/Course _____ Teacher(s) _____

Home Telephone Number(s) _____ Parent's Work Number(s) _____

Address _____

Emergency Contact(s)
& Telephone Numbers _____

Physician _____ Telephone Number(s) _____

Student wears medic-alert bracelets/necklace

Student does not wear medic-alert bracelet/necklace for the following reason _____



B. Medical Emergency Information Form

Dear Physician: The _____ School has been informed that the student noted below has a medical condition which may cause, with little or no warning, a serious or life-threatening episode which requires an immediate medical response. In these circumstances, the School is required to develop an "Emergency Protocol" to prepare for an emergency. In order to do so, we request you provide the information detailed below. Once the Emergency Protocol is drafted, we will request that you review it to ensure it meets your patient's needs.

Please attach additional sheets if more space is required. Your assistance is greatly appreciated.

Student's name

Name of medical condition

Please provide a detailed description of the medical condition

Please describe what might trigger an emergency episode (e.g. peanuts, bee sting)

Please describe what happens during the emergency episode.

Are there any symptoms to indicate an emergency episode is about to occur?

Please describe in detail what should be done to respond to an emergency episode. (i.e.. Student to be moved immediately to hospital, student not to be moved, student requires oxygen, etc.)

Name of medication to be administered in response to emergency episode

Form of the medication (e.g. tablets, liquid)

Please describe the method by which the medication is to be delivered. (i.e. injection in arm)

Please describe the possible side effects of the medication

What action is necessary in the event of side effects?

Storage requirements for the medication - is it recommended that the student retain possession of the medication?
(i.e. in a fanny pack)

Any Special Instructions or Other Information which would be of assistance to school personnel

Date of final administration _____

Physician's Signature

Date

AUTHORIZED BY PRINCIPAL

Principal's Signature

Date



C. Authorization Form

I/We am/are [the parent(s)/guardian(s) of _____, a student at _____ School. I/We hereby authorize that the medication specified in the Medical Emergency Information Form shall be administered to this student/me in accordance with this form, the Medical Information Form and any Protocol attached hereto with respect to the storage and emergency administration of medication which has been signed by me/us. I/We understand and acknowledge that it is my/our responsibility to supply the medication, labelled as required by the Principal, and to provide information sufficient for a full understanding of any procedures to be followed by school personnel.

I/We hereby acknowledge that this authorization will terminate automatically on June 30 of this school year, or earlier as specified in the Medical Emergency Information Form. I / We acknowledge that a new Authorization Form for Emergency Medication and a new Medical Emergency Information Form must be immediately completed if there is any change in the information contained therein.

I/we hereby release the Near North District School Board (the "Board"), its agents and employees from all manner of actions, causes of action, suits, losses, damages or injuries, however caused, arising out of the storage and administration of emergency medication to this student/me by Board employees, and I/we do also hereby indemnify the said Board, its employees or agents for any losses or damages sustained by the Board as a result of such actions or proceedings being commenced against them by myself/ourselves, or any of this student's/my relatives, agents, sponsors or guardians.

I/We hereby acknowledge that I/we have read and fully understand the terms set out herein.

Parent/Guardian or Adult Student Signature

Date

Parent/Guardian or Adult Student Signature

Date

NOTE: The information gathered in this form is collected pursuant to the Education Act, the Municipal Freedom of Information and Protection of Privacy Act, related legislation and policies and the policies of the Near North District School Board. This information will be used to assist with meeting the health needs of the student. This form will be kept in the student's pupil records. If there are any questions about the information gathered on this form, please contact the Principal.



APPENDIX D

**AUTHORIZATION FORM FOR ADMINISTRATION OF MEDICATION TO STUDENTS
BY PARENTS/GUARDIANS AND RESPONSIBLE DESIGNATES**

This form must be completed to advise school personnel that parents/guardians wish to administer medication to students during school hours or that parents/guardians or adult students wish to appoint a responsible designate to do so. The Medical Information Form must also be completed by the parent(s)/guardian(s) or the adult student. School personnel may not allow the administration of medication to students if the school has not received these completed forms.

The Principal shall consult with the parent(s)/guardian(s), responsible designate(s) and, where appropriate, the student, to develop a schedule for the administration of medication which is least disruptive to the student and other students and school personnel.

The Principal shall monitor the schedule and take appropriate steps to address any problems which arise. However, the responsibility for administration of the medication remains solely that of the parent(s)/guardian(s), responsible designate(s) or adult student. No records will be kept by school personnel of the administration of medication.

Copies of this form, and any schedule attached hereto shall be provided to: parent(s)/guardian(s) and/or, where appropriate, the student, the Principal and Board personnel to be designated by the Principal as required.

A. Student Information

Student's Name _____ Date of Birth _____

Parent's Name _____

School _____

Grade/Course _____ Teacher(s) _____

Home Telephone Number(s) _____ Parent's Work Telephone(s) _____

Address _____

Emergency Contact(s) & Telephone Numbers _____

Physician _____ Phone Number(s) _____



B. Authorization of Parent(s)/Guardian(s)/Adult Student

I/We am/are [the parent(s)/guardian(s) of] _____, a student at _____ School. I/We hereby advise that the medication specified in the Medical Information Form shall be administered by [me/us/or] [_____] who is/are hereby appointed as Responsible Designate(s), to this student/me in accordance with this form, the Medical Information Form and any Schedule attached hereto with respect to the administration of medication. I/We understand and acknowledge that it is my/our responsibility to supply the medication, labelled as required by the Principal, and to provide information sufficient for a full understanding of any possible side effects and to address any concerns raised by the Principal.

I/we acknowledge that the responsibility for administration of the medication remains solely my/our responsibility and that of any responsible designate(s). I/we understand that no records will be kept by school personnel of the administration of medication.

I/We hereby acknowledge that this authorization will terminate automatically on June 30 of this school year, or earlier as specified in the Medical Information Form. I/We acknowledge that a new Authorization Form for Administration of Medication to Students by Parents/Guardians and Responsible Designates Form must be immediately completed if there is any change in the information contained therein.

I/We hereby acknowledge that the Near North District School Board (the "Board"), its agents or employees shall not be responsible for the administration of such medication, and I/we hereby release the Board, its agents and employees from all manner of actions, causes of action, suits, losses, damages or injuries, however caused, arising out of the administration of medication to this student/me, or failure on the part of any person to administer such medication or to administer such medication properly, and I/we do also hereby indemnify the said Board, its employees or agents for any losses or damages sustained by the Board as a result of such actions or proceedings being commenced against them by myself/ourselves, or any of this student's/my relatives, agents, sponsors or guardians.

I/We hereby acknowledge that I/we have read and fully understand the terms set out herein.

Parent/Guardian or Adult Student Signature

Date

Parent/Guardian or Adult Student Signature

Date

NOTE: The information gathered in this form is collected pursuant to the Education Act, the Municipal Freedom of Information and Protection of Privacy Act, related legislation and policies and the policies of the Near North District School Board. This information will be used to assist with meeting the health needs of the student. This form will be kept in the student's pupil records. If there are any questions about the information gathered on this form, please contact the Principal.

RECEIVED BY PRINCIPAL

Principal's Signature

Date



RECORD OF ADMINISTRATION OF ORAL MEDICATION

Student's Name: _____ Birth Date: _____

Parent(s)/Guardian(s)' Telephone#: _____

Emergency Contact's Telephone #: _____

School: _____ Grade: _____

Student's Physician: _____ Physician's Telephone #: _____

Designate Name & Initials: _____ Substitute Name & Initials: _____

Medication: _____ Dosage: _____

Times to be Administered: _____

Directions for Ingestion: _____

Dates or conditions in which Medication is to be Administered: _____

Week of

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week OF:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week OF:

TIME	M	T	W	T	F

This record should be secured with the medication or near where it is stored. A separate sheet shall be maintained for each medication to be given to the student. This record shall become a part of the student's pupil records. Any side effects and responses to side effects must be noted on a separate piece of paper and attached to this record.

Week of

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of :

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

RECORD OF ADMINISTRATION OR ORAL MEDICATION

RECORD OF MEDICATION FOR SPECIFIED SITUATIONS

Name: _____

Designates: _____ Alternate: _____

Drug: _____ Format: _____ Dosage: _____

Initiation Date: _____ Expiry Date: _____

Administration #: _____ Date: _____

- a) Time: _____
- b) Why was this drug administered?

What was done following administration?:

DESIGNATE: _____

Administration #: _____ Date: _____

- a) Time: _____
- b) Why was this drug administered?

What was done following administration?:

DESIGNATE: _____

Administration #: _____ Date: _____

- a) Time: _____
- b) Why was this drug administered? _____

What was done following administration?:

DESIGNATE: _____

Administration #: _____ Date: _____

- a) Time: _____
- b) Why was this drug administered? _____

What was done following administration?:

DESIGNATE: _____



SAMPLE NOTIFICATION LETTER TO PARENTS/GUARDIANS

*For Secondary Schools
(may be included in school newsletter or manual)*

Dear Parents/Guardians and Students:

Re: Administration of Medication During School Hours

If a student requires prescribed medication during school hours, please notify [*insert contact name*] to provide the necessary authorization and medical information. (It is not necessary to advise the School when a student requires non-prescription medication.) In appropriate circumstances school personnel may assist with the storage and/or administration of prescribed medication.

For the protection of all students and school personnel, school personnel may confiscate unauthorized medication found in the possession of a student.

Thank you for your cooperation.

*For Elementary Schools
(may be included in school newsletter or manual)*

Dear Parents/Guardians:

Re: Administration of Medication During School Hours

If your child requires prescription or non-prescription medication during school hours, please notify [*insert contact name*] to provide the necessary authorization and medical information. In appropriate circumstances school personnel may assist with the storage and/or administration of medication.

For the protection of all students and school personnel, school personnel may confiscate unauthorized medication found in the possession of a student.

Thank you for your cooperation.



APPENDIX H

**SAMPLE LETTER TO PHYSICIAN
FOR REVIEW OF DRAFT EMERGENCY PROTOCOL**

Dear Physician:

Re: Draft Emergency Protocol for *[Insert Name of Student]*

As you may recall, we have been developing an Emergency Protocol in the event your patient requires emergency assistance while attending school.

We would appreciate if you could review our draft Emergency Protocol, which is attached, and advise as to any changes which might be required to meet your patient's needs.

Thank you for your assistance.



APPENDIX I

Authorization for the collection of this information is in the Education Act. The purpose is to administer medication to students in the event of an emergency. Users of this information may be principals, teachers, support staff, volunteers, bus operators and drivers. This form will be kept for a minimum period of one school year or June 30th of each school year and then be shredded. Contact person concerning this collection is the school principal.

EMERGENCY PROTOCOL

STUDENT INFORMATION (to be completed by Parent/s) Bus Route _____

Name of Student _____

Date of Birth _____ School Name: _____

Home Address _____

Home Telephone _____ Medic Alert I.D. _____

Name of Father _____ Business No. _____

Name of Mother _____ Business No. _____

Name of Guardian _____ Business No. _____

**STUDENT
PHOTO**

MEDICAL INFORMATION (to be completed by Family Physician)

Medical Condition _____

Symptoms _____

Recommended Response _____

Medication _____ Dosage (e.g. No. of EpiPens required) _____

Additional Instructions or Information _____

Name of Physician (Please Print) _____ Telephone _____

Signature of Physician _____ Date _____

LIFE-THREATENING MANAGEMENT AND PREVENTION PLAN

EMERGENCY ACTION PLAN

PARENT COMMITMENTS

At School

On Excursions

SCHOOL COMMITMENTS

At School

On Excursions

BUS OPERATOR/DRIVER COMMITMENTS

PARENT AGREEMENT

I, _____, acknowledge my participation in the development of the preceding Emergency Action Plan and agree to execute reliably the parent commitments listed within them. I give my consent for the staff of _____ School to execute the school commitments as outlined within the plan. I understand that this plan will be reviewed annually and I will update the school if circumstances change before review.

I/We acknowledge that it is neither the objective nor purpose of the school to administer medication to students and understand that the school is prepared to undertake this activity as a last resort. In the event of an emergency, I authorize the school staff identified in the plan to administer the designated medication and obtain suitable medical assistance. I agree to assume responsibility for all costs associated with medical treatment and absolve the Near North District School Board and its employees of responsibility for any adverse reactions resulting from administration of the medication.

I give my permission for this medical information to be posted in the school, accessible on the bus, and shared with appropriate personnel.

Parent/Guardian/Adult Student Signature

Date

PRINCIPAL WILL DIRECT COPIES TO: Parent Posted as Appropriate
 Teacher Bus Operator