



**TRI-COUNTY REGIONAL SCHOOL BOARD  
POLICY and PROCEDURES**

Title	Effective Date	Revision Date	No. of Pages
<p align="center"><b>No. 741 Administration of Medication and/or Medical Procedures to Students</b></p>	<p align="center"><b>02/26/96</b></p>	<p align="center"><b>05/28/02 04/22/03 09/23/03 10/16/07</b></p>	<p align="center"><b>1 of 18</b></p>

**It is the policy of the Tri-County Regional School Board to serve the students with medical conditions that require intervention during the school day based on the following beliefs and procedures.**

**Beliefs**

The Tri-County Regional School Board believes that:

1. School personnel should not be involved in the administration of medication and/or medical procedures to students with the exception of cases where a physician certifies that the student is unable to attend, or remain in school, without the prescribed medication or medical procedures being administered.
  2. Parents or guardians are responsible for making arrangements to eliminate the need for staff to be involved in the administration of medication and physical care procedures to students.
  3. Situations may arise where, in the opinion of a licensed physician, a student requires medication and/or physical care during the school day that do not require administration or intervention by a licensed health care provider. In such cases, the Board authorizes school personnel to administer prescribed medications and/or medical procedures to students under the direction of the school principal.
  4. Parents or guardians must ensure the prescribed medication in sufficient amounts and appropriate for storage is available at the school on every day that the medication is to be administered to a student. Lack of medication in the correct dosage may result in a student being returned home to the parent or guardian for the remainder of the day. The Board is not liable for failing to administer medication if parents or guardians have not delivered medication in sufficient dosage to the school.
  5. Where required medication has not been administered to students before their attendance at school, parents or guardians may be contacted by the school and the student returned home for the remainder of the day, or alternate arrangements shall be made by the parent/guardian for the care of the student or administration of necessary medication.
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6. Emergency situations may arise where it may be necessary for school personnel to administer emergency first aid and/or cardiopulmonary resuscitation (CPR) to students.
7. Requesting school personnel to administer medications and/or medical procedures shall be done in accordance with relevant legislation, collective agreements and job descriptions.

## **1. ADMINISTRATION OF PRESCRIPTION ORAL MEDICATIONS TO STUDENTS**

### **1-A. Responsibilities of Parents and Guardians**

1. Parents/guardians requesting school personnel to administer oral prescription medications must do so in writing, by fully completing Form A and returning it to the Principal. This form must be completed in full before any medication is administered.
  2. Once the appropriate forms have been received by the school, parents/guardians will provide the Principal with the prescribed medication **in sufficient amounts** in the original container administered by the pharmacy, including a legible pharmacy label with the student's name, the name of the medication and prescribed dosage. Lack of medication in the correct dosage may result in a student being returned home to the parent or guardian for the remainder of the day. The Board is not liable for failing to administer medication if parents or guardians have not delivered medication in sufficient dosage to the school.
  3. In cases where students require prescription medications during the school day, parents/guardians will ensure that Form A is fully completed and returned to the Principal. The completed form must be submitted to the principal before any prescription medications may be administered by school personnel. Form A must be completed annually or when medication and/or dosages change.
  4. Section 1 of Form A must include the name of a parent/guardian or other designated adult who will be available at all times as a contact person in the case of an emergency.
  5. Section 2 of Form A must be completed by the student's physician and indicate that the prescribed medication is of a type that can be safely administered by non-medical personnel.
  6. Section 2 of Form A must also be completed by the student's physician to provide the school with all instructions pertinent to the administration of the medication including:
    - a) the student's name;
    - b) name(s) of medication prescribed
    - c) amount and frequency of dosage;
    - d) duration of treatment;
    - e) special handling or storage requirements;
    - f) possible side effects and instructions on emergency procedures in the event of a reaction or adverse side effects from the medication;
    - g) date when medication was first prescribed.
  7. In the event that the prescribed medication, the amount or frequency of dosage, handling or storage requirements change from instructions provided in the original Form A, parents/guardians will notify the principal with a written letter from the student's physician or by completing a new Form A.
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8. Where required medication has not been administered to students before their attendance at school, parents or guardians may be contacted by the school and the student returned home for the remainder of the day, or alternate arrangements shall be made by the parent/guardian for the care of the student or administration of necessary medication.
9. For prescribed medications that do not require refrigeration, no more than two week's dosage will be stored in the school at anytime and in the event that medication remains following the end of the treatment period, parents/guardians will be responsible for discarding it.

### **1-B. Responsibilities of Principals**

1. Principals will ensure that no medications are administered to students until a completed Form A is received and signed by both parent and physician and the medication received for administration is in an original container administered by a pharmacy, including a legible pharmacy label with the student's name, the name of the medication, the dosage, frequency and method of administration.
  2. Upon receipt of the appropriate form and prescribed medication(s), principals will:
    - a) Assign a staff member(s) who willingly and knowingly accepts the responsibility for the administration of the prescription medication(s).
    - b) Ensure that all medication(s), with the exception of medication requiring refrigeration, are stored in a locked cabinet with individual containers for each student that are clearly marked with the information required under section *I-A, 4*.
    - c) Take all steps necessary to store medications requiring refrigeration in a secure location where access is limited to staff only and ensure that all containers are clearly marked with the information required under section *I-A, 4*.
    - d) Ensure that the prescription medication(s) are administered in a manner that respects the students' dignity.
    - e) Maintain a record of all medications and dosages to be administered during the school day (Form A) and ensure that Form C is completed daily and retained in an area designated by the principal. On days when the student is absent, Form C should reflect the absence.
    - f) When written directions from the student's physician indicate that serious medical consequences could result from failure to administer the medication(s) according to an exact schedule or specific manner prescribed, the principal or designated school personnel will ensure that the administration is witnessed by another staff member and recorded on Form C.
  3. When prescribed medication in sufficient dosage is not available in school for administration to the student, the Principal or their designate will contact the parent or legal guardian by telephone to require them to immediately transport the medication to school or arrange for the student's return to home for the remainder of the day. Where failure to administer the medication will be detrimental to the student's health (according to the advice of the physician) the Principal may be required to contact emergency medical personnel to support the health of the student.
  4. All forms relating to the administration of prescription medications will be retained by the school administrator for one year beyond the end of the school year to which the record pertains.
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5. Principals will ensure that the appropriate forms are provided to the school bus service provider.

## **2. ADMINISTRATION OF NON-PRESCRIPTION ORAL MEDICATION TO STUDENTS**

1. Unless prescribed by a physician, over the counter medications will not be provided or administered to students by school personnel.
2. Schools may prohibit students from bringing non-prescription medications to school and self-administering them during the school day. In such cases, the school will communicate this policy to parents annually.
3. Parents/guardians requesting school personnel to administer over the counter medications to students that have been prescribed by a physician must do so in writing, by ensuring that Form A is fully completed with signatures from both parent/guardian and physician, and returned to the Principal.
4. Section 1 of Form A must include the name of a parent/guardian or other designated adult who will be available at all times as a contact person in the case of an emergency.
5. Section 2 of Form A must be completed by the student's physician and indicate that the prescribed medication is of a type that can be safely administered by non-medical personnel.
6. Section 2 of Form A must also be completed by the student's physician to provide the school with all instructions pertinent to the administration of the medication including:
  - a) the student's name;
  - b) name(s) of medication prescribed;
  - c) amount and frequency of dosage;
  - d) duration of treatment;
  - e) special handling or storage requirements;
  - f) possible side effects and instructions on emergency procedures in the event of a reaction or adverse side effects from the medication;
  - g) date when medication was first prescribed.
7. Once the appropriate forms have been received by the school, parents/guardians will provide the Principal with the prescribed medication in the original container administered by the pharmacy, including a legible pharmacy label with the student's name, the name of the medication and prescribed dosage where applicable.
8. In the event that the prescribed medication, the amount or frequency of dosage, handling or storage requirements change from instructions provided in the original Form A, parents/guardians will notify the principal with a written letter from the student's physician or by completing a new Form A.

## **3. ADMINISTRATION OF PRESCRIPTION INHALED MEDICATION TO STUDENTS**

1. A request by a parent/guardian for a student under the age of sixteen to administer his or her own medication by inhalation ("puffer") must be made in writing, by fully completing Form D with signatures from both parent/guardian and physician and supported by a statement
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from a licensed physician indicating that the prescribed medication can be administered safely by the student him/herself.

2. Section 1 of Form D must include the name of a parent/guardian or other designated adult who will be available at all times as a contact person in the case of an emergency.
3. Section 2 of Form D must be completed by the student's physician and indicate that the prescribed medication is of a type that can be safely administered by the student.
4. Section 2 of Form D must also be completed by the student's physician to provide the school with all instructions pertinent to the administration of the medication including:
  - a) the student's name;
  - b) name(s) of medication prescribed;
  - c) amount and frequency of dosage;
  - d) duration of treatment;
  - e) special handling or storage requirements;
  - f) possible side effects and instructions on emergency procedures in the event of a reaction or adverse side effects from the medication;
  - g) date when medication was first prescribed
5. Schools may require puffers to be stored in the school office. In such cases, the school will communicate this requirement to parents and students annually.
6. In the event that the prescribed medication, the amount or frequency of dosage, handling or storage requirements change, parents/guardians will notify the principal in writing with instructions from the student's physician or by completing a new Form D.

#### **4. NON-EMERGENCY INJECTIONS (E.G. INSULIN)**

1. The injection of medication in non-emergency situations will be administered only by licensed health professionals, the parent/guardian or self-administered by an authorized student, unless otherwise approved by the Superintendent of Schools, or designate.
2. School personnel will ensure that space is provided so that the injection of medication can be administered in a manner that respects the student's privacy.
3. Sharps will be disposed of in the following manner:
  - a) Each school will have a designated sharps container located in the main office.
  - b) All sharps will be disposed of in the sharps container located in the main office.
  - c) Sharps containers will be taken from the school to a disposal facility on a regular basis.

#### **5. EMERGENCY INJECTIONS LIFE THREATENING ALLERGIES**

1. The injection of prescription medication for Anaphylaxis will be administered according to Policy 743 *Life Threatening Allergies*.
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## **6. MEDICAL CARE**

### **6-A. Responsibilities of Parents and Guardians**

1. **Medically Related Procedures.**
2. Parents/guardians requesting school personnel to perform non-emergency medically related procedures (e.g. glucose testing, tube feeding, or catheterization) and emergency procedures related to a pre-existing condition must do so in writing, by fully completing Form B.
3. Section 1 of Form B must include the name of a parent/guardian or other designated adult who will be available at all times as a contact person in the case of an emergency.
4. Section 2 of Form B must be completed by the student's physician and provide certification that such procedures can be performed by persons without medical training.
5. Section 2 of Form A must also be completed by the student's physician to provide the school with all instructions pertinent to the administration of required procedures.
6. Once the appropriate forms have been received by the school, parents/guardians will provide the Principal with any supplies required to carry out the procedure.
7. In the event that the medical procedure or procedures change from instructions provided in the original Form B, parents/guardians will notify the principal with a written letter from the student's physician or by completing a new Form B.

### **6-B. Responsibilities of Principals**

1. Principals will ensure that no medical procedures are administered to students until a completed Form B is received and signed by both parent/guardian and physician.
  2. Upon receipt of the appropriate form and prescribed medication(s), principals will:
    - a) Assign a staff member(s) who willingly and knowingly accepts the responsibility for the administration of the required procedure(s).
    - b) Ensure that the procedures(s) are administered in a manner that respects the students' dignity.
    - c) Maintain a record of all procedures to be administered during the school day (Form B) and ensure that Form C is completed daily and retained in an area designated by the principal. On days when the student is absent, Form C should reflect the absence.
    - d) When written directions from the student's physician indicate that serious medical consequences could result from failure to administer the procedures(s) according to an exact schedule or specific manner prescribed, the principal or designated school personnel will ensure that the administration is witnessed by another staff member and recorded on Form C.
  3. All forms relating to the administration of medical procedures will be retained by the school administrator for one year beyond the end of the school year to which the record pertains.
  4. Principals will ensure that the appropriate forms are provided to the Coordinator of Student Transportation on the date received.
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### **6-C. Emergency Medical Care and Student Transportation**

1. Parents/guardians of any student who is bussed to school and may require **emergency** physical care while traveling to school, must complete Form B and provide the school principal with a current photograph of the student.
2. School principals will inform the Coordinator of Student Transportation of any student who may experience medical difficulties while traveling on the school bus. The principal will also forward a copy of Form B and a current picture of the student to the Coordinator of Student Transportation prior to September 30<sup>th</sup> of each school year and/or as the need arises.
3. The Coordinator of Student Transportation will provide for any medical training/in-servicing required for bus drivers.

### **7. MEDICAL EMERGENCIES**

1. In the event of an accident or serious injury, school personnel will use their knowledge and skills to the best of their ability to help the student.
  2. In addition to direct response by staff to the student in an emergency situation, school personnel will take the following steps (not necessarily in the order listed):
    - a) Contact the student's parent/guardian to inform them of their child's condition.
    - b) Where necessary, arrange for emergency intervention by medical personnel.
    - c) Where necessary, arrange for transportation to a hospital by ambulance and accompany the student in the absence of his or her parent/guardian.
    - d) Remain with the student until such time that medical assistance is available or the student's parent/guardian arrives.
  3. First aid kits must be available in all schools and accompany students on field trips.
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**Appendix A**

Policy 741

**FORM A - Section 1**

Administration of Prescribed Medication to Students

**SECTION 1 - TO BE COMPLETED BY PARENT/GUARDIAN**

**Student Information**

Name of Student: \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Emergency Contact Information (for a designated parent/guardian who is available at all times)**

Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

I hereby request, authorize and empower the Tri-County Regional School Board to administer medication as described herein to the student named above. I release any staff member and the Tri-County Regional School Board from any legal liability that may result from the administration of such medication. I also agree to indemnify the Tri-County Regional School Board against claims at any time made by the student named above or by MSI arising out of the administration of medication described herein. I also understand that no more than one week's dosage of the medication(s) is to be in the school at any time and that I am responsible for completing this form in the event that the prescribed medication, amount or frequency of dosage, handling or storage requirements change.

I acknowledge and understand that as a parent or guardian I am responsible to ensure there is medication in sufficient amount and dosage to meet the needs of the student everyday the student is in school and requires the medication to be administered. I also understand and agree that if there is insufficient medication at the school I will be contacted to make arrangements to transport new medication to the school, or to make alternate arrangements for the care of the student for the remainder of the school day. I hereby release any staff member in Tri-County Regional School Board from any legal liability that may result from insufficient amounts of medication being available at the school for administration to the student.

If my child is bussed to school, I also understand that I must provide a current photo of him/her for the purpose of providing all information contained herein to the transportation provider.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





**Appendix A Policy 741**

**Form A Section 2**

**SECTION 2 - TO BE COMPLETED BY PHYSICIAN**

Name of Student \_\_\_\_\_

Name of Parents \_\_\_\_\_

Home Telephone \_\_\_\_\_ Emergency Telephone \_\_\_\_\_

Name of Medical condition(s) requiring \_\_\_\_\_

Treatment during school hours: \_\_\_\_\_

**Name of Physician** \_\_\_\_\_ **Telephone** \_\_\_\_\_

Note: Where possible physicians are asked to establish a schedule for the administration of medication and medically related procedures outside of the school day.

	Medication #1	Medication #2	Medication #3
<b>Name of medication</b>			
<b>Required intervention</b>	<input type="checkbox"/> Administer <input type="checkbox"/> Monitor	<input type="checkbox"/> Administer <input type="checkbox"/> Monitor	<input type="checkbox"/> Administer <input type="checkbox"/> Monitor
<b>Dose of Medication</b>			
<b>Frequency</b>			
<b>Time(s) medication to be given during school hours</b>			
<b>Possible side effect(s) of medication</b>			
<b>Course of action in response to side effect(s)</b>			
<b>Storage Requirements for medication</b>			

<b>Duration of treatment (start-finish dates)</b>			
<b>Date when medication first prescribed</b>			

**Please respond to the following questions:**

1. Does the student named above require that the medication(s) and/or medical procedures described above be administered during school hours in order to be able to attend school?

Yes

No

2. The medication(s) described above:

a. Must be administered by a licensed health care provider.

b. May be administered by an adult who **is not** a licensed health care provider.

3. Will it be detrimental to the student's health if a single dose is omitted?

Yes

No

4. Will it be detrimental to the student's health if a dose is not administered according to the exact schedule described above?

Yes

No

\_\_\_\_\_  
Signature of Attending Physician

\_\_\_\_\_  
Date

**Appendix B Policy 741**

**Form B**

**SECTION 1 – TO BE COMPLETED BY PARENT/GUARDIAN**

**Student Information**

Name of Student: \_\_\_\_\_

Home Address: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Name of Parent \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_

Name of Physician \_\_\_\_\_ Telephone \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

I hereby request, authorize and empower the Tri-County Regional School Board to administer medically related or emergency medical procedures as described herein to the student named above. I release any staff member and the Tri-County Regional School Board from any legal liability that may result from the administration of such procedures. I also agree to indemnify the Tri-County Regional School Board against claims at any time made by the student named above or by MSI arising out of the administration of the procedures described herein. I also understand that I am responsible for completing this form in the event that the required procedures change.

If my child is bussed to school, I also understand that I must provide a current photo of him/her for the purpose of providing all information contained herein to the transportation provider.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**FORM B**

**SECTION 2 - TO BE COMPLETED BY PHYSICIAN**

Name of Student \_\_\_\_\_

Name of Parents \_\_\_\_\_

Home Telephone \_\_\_\_\_ Emergency Telephone \_\_\_\_\_

Name of Medical condition(s) requiring \_\_\_\_\_

Name of Physician \_\_\_\_\_ Telephone \_\_\_\_\_

**A. Administration of Medically Related Procedures**

a. Please describe any special needs or serious health impairments that may require the regular administration of medically related procedures:

b. Describe any medically related procedures that must be administered regularly:

c. Please complete the questions following section B (below) and sign/date this form.

**B. Administration of Emergency Medical Procedures**

a. Please describe any special needs or serious health impairments that may require emergency medical attention:

b. List any important rules affecting health and safety that should be followed by the student:

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c. Describe signs that indicate the student is experiencing difficulty:

d. Describe steps that should be taken when this occurs:

e. Describe any medication or medical procedure that may be necessary in an emergency:

f. List any suggestions helpful for behavior management, if necessary:

**Please respond to the following questions:**

1. Does the student named above require that the medication(s) and/or medical procedures described above be administered during school hours in order to be able to attend school?

Yes                       No

2. The medication(s) described above:

- a. Must be administered by a licensed health care provider.
- b. May be administered by an adult who **is not** a licensed health care provider.

3. Will it be detrimental to the student's health if a single dose is omitted?

Yes                       No

4. Will it be detrimental to the student's health if a dose is not administered according to the exact schedule described alone?

Yes                       No

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Signature of Attending Physician

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Date

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**FORM C**

**TO BE COMPLETED DAILY BY SCHOOL PERSONNEL**

Student Name \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Home Telephone \_\_\_\_\_ Emergency Telephone \_\_\_\_\_

Prescribing Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Medications/Medical Procedures to be Administered/Monitored by:

Name \_\_\_\_\_ Signature \_\_\_\_\_ \* Initials \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ \* Initials \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ \* Initials \_\_\_\_\_

**\* Signature acknowledges acceptance of responsibilities for the administration of the required procedures.**

Date	Medication/Procedure	Time	Dose	Administered by (and witnessed where applicable):


Date	Comments

**FORM D**

**SECTION 1 – TO BE COMPLETED BY PARENT/GUARDIAN**

**Student Information**

Name of Student: \_\_\_\_\_

Home Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Other Information**

Name of Parents \_\_\_\_\_

Home Telephone \_\_\_\_\_ Emergency Telephone \_\_\_\_\_

Name of Medical condition(s) requiring \_\_\_\_\_

Name of Physician \_\_\_\_\_ Telephone \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

I hereby request, authorize and empower the Tri-County Regional School Board to monitor the administration of the medication(s) as described herein to the student named above. I release any staff member and the Tri-County Regional School Board from any legal liability that may result from the monitoring of the administration of such medication. I also agree to indemnify the Tri-County Regional School Board against claims at any time made by the student named above or by MSI arising out of the administration of medication described herein. I also understand that no more than one week's dosage of the medication(s) is to be in the school at any time and that I am responsible for completing this form in the event that the prescribed medication, amount or frequency of dosage, handling or storage requirements change.

"I acknowledge and understand that as a parent or guardian I am responsible to ensure there is medication in sufficient amount and dosage to meet the needs of the student everyday the student is in school and requires the medication to be administered. I also understand and agree that if there is insufficient medication at the school I will be contacted to make arrangements to transport new medication to the school, or to make alternate arrangements for the care of the student for the remainder of the school day. I hereby release any staff member in the Tri-County Regional School Board from any legal liability that may result from insufficient amounts of medication being available at the school for administration to the student."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





**FORM D**

**SECTION 2 - TO BE COMPLETED BY PHYSICIAN**

Name of Student \_\_\_\_\_

Name of Parents \_\_\_\_\_

Parents' Home Phone \_\_\_\_\_ Emergency Telephone \_\_\_\_\_

Prescribing Physician \_\_\_\_\_ Physician Telephone \_\_\_\_\_

Name of Medical condition(s) requiring treatment during school hours:

\_\_\_\_\_

**Please respond to the following questions:**

1. The medication(s) described above:

- a. Must be administered by a licensed health care provider.
- b. May be administered by a student or adult who **is not** a licensed health care provider.

\_\_\_\_\_

2. Is the student named above able to administer his/her own medication?

- Yes                       No

If yes, please give details:

3. Will it be detrimental to the student's health if a single dose is omitted?

- Yes                       No

\_\_\_\_\_

**FORM D**

**Appendix D Policy 741**

Prescribed Inhaled Medication (s)

	Medication #1	Medication #2	Medication #3
<b>Name of medication</b>			
<b>Required intervention</b>	<input type="checkbox"/> Administer <input type="checkbox"/> Monitor	<input type="checkbox"/> Administer <input type="checkbox"/> Monitor	<input type="checkbox"/> Administer <input type="checkbox"/> Monitor
<b>Dose of Medication</b>			
<b>Frequency</b>			
<b>Time(s) medication to be given during school hours</b>			
<b>Possible side effect(s) of medication</b>			
<b>Course of action in response to side effect(s)</b>			
<b>Storage Requirements for medication</b>			
<b>Duration of treatment (start-finish dates)</b>			
<b>Date when medication first prescribed</b>			

\_\_\_\_\_  
Signature of Attending Physician

\_\_\_\_\_  
Date

