

# ROLLING RIVER SCHOOL DIVISION POLICY

## Administering Medication to Students

JHCD/P

Whenever possible, parents are responsible for the administration of medication at home. However, the Board recognizes that in special circumstances, some children may require medication during the course of the school day in order to attend school.

This policy is intended to provide guidance to schools that may be required to administer medication to students during school hours. The following conditions will ensure the safety and well-being of the child:

1. This policy applies to all prescribed medication as well as patent or over-the-counter (OTC) medication. Parents / guardians are responsible to deliver the medication to the school. The medication administration policy includes children who, by reason of age, maturation, or physical or cognitive ability are not able to manage their own medication administration.
2. In circumstances in which a child is able to safely, competently and consistently manage his or her own medication administration, that child may be considered exempt from this policy.
3. Prior to the administration of the prescribed or OTC medication by a school employee, the parent or guardian who has care and custody of the child must provide a completed, signed authorization (Appendix A) permitting the school to administer the medication. Where parents have separate but joint care and custody of the child, both parents must sign the authorization form.
4. The first dose of any medication must be delivered at home or hospital. Parents / guardians are responsible for ensuring that the first dosage of the medication is well tolerated by the child before requesting that medication is administered at school.
5. Medication shall be provided in the original pharmacy labelled container that clearly identifies:
  - Name of child;
  - Name of prescribing physician;
  - Name of medication;
  - Dose;
  - Frequency;
  - Name of pharmacy;
  - Date the prescription was filled.

The label must be on the container, or the prescription label must be verified by a staff member (e.g. inhaler box with prescription label, not inhaler). Medication not meeting these conditions cannot be administered by an employee of the Division.

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## Administering Medication to Students - continued

JHCD/P

This policy must be reviewed by all staff at the beginning of each school year and by all new staff, as well as substitute teachers, during the course of the school year. The policy review must include the following:

- a. Who is on medication, and the severity of their condition;
- b. Procedures to be followed in an emergency;
- c. Who will administer the medication;
- d. Where the medication is kept;
- e. Where the medical information is kept for substitute teachers.

In cases where this policy conflicts with Policy JHCA – Students with Anaphylaxis, the latter shall take precedence for students diagnosed with anaphylaxis.

**Index**

**Regulation**

**Appendix “A”**

**Date Adopted:** March 20, 1997

**Date Revised:** June 2, 2005

**Date Revised:** March 9, 2006

**Date Revised:** September 8, 2010

**Date Revised:** June 17, 2015

# ROLLING RIVER SCHOOL DIVISION REGULATION

## Administering Medication to Students

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### Guidelines:

1. Medication will be kept in a central location that is not normally accessible to students.
2. Medication will be administered by the principal or his / her designate who will also be responsible for keeping a medication administration record that includes:
  - a. Date and time of administration;
  - b. Name of person administering medication.
3. Medication may be administered in schools by a non-health care professional according to the following:
  - a. Oral route requiring measurement (i.e. tablets / capsules, liquid);
  - b. Instillation (i.e. eye drops);
  - c. Topical (i.e. ointment);
  - d. Inhalation (i.e. bronchodilators);
  - e. Administration of injectable adrenalin (e.g. Epi-pen).
4. To prepare for administration of medication, each person shall assure themselves of:
  - a. The correct medication;
  - b. The correct child;
  - c. The correct dose;
  - d. The correct time;
  - e. The correct method of administration.
5. Children who require medication administered during school hours are expected to accompany other children on out-of-school activities. Teachers will ensure that appropriate plans are in place to respond to any emergency that may arise. Bus drivers must be made aware of any students who have severe medical conditions that may require emergency treatment.
6. All unused medications are to be picked up by the parent on or before June 30. Any medication remaining after this date shall be disposed of by a pharmacist.

### Duty to Provide Medication

With respect to the administration of medication, teachers may be legally assigned to this duty. The Superintendent will determine whether this duty is fair and reasonable by considering the following:

- The availability of others to administer the medication;
- The number of students requiring medication;
- The degree to which administration and record-keeping interferes with an employee's other obligations;
- When and where the medication is to be administered;

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## Administering Medication to Students - continued

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- The method for administering the medication;
- The training, if any, required to administer the medication;
- The care, if any, required by a student immediately after receiving the medication;
- The risks, if any, to a student should an error be made in the dosage and timing of the medication;
- The statutory or contractual protections in place for employees should they be sued for harm in allegedly inflicted by them on students.

Employees will not administer medication by intrusive means unless an emergency situation requires them to intervene (e.g. Epi-pen for anaphylactic shock). Teachers who stand in loco parentis have a duty to intervene during a student medical emergency situation. They should do whatever a prudent parent would do under the circumstances and exercise reasonable care in doing so.

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# ROLLING RIVER SCHOOL DIVISION REGULATION

## APPENDIX "A"

### ROLLING RIVER SCHOOL DIVISION Parent Request to Administer Medication to Students

Student Information		
Name:	Date of Request:	
Date of Birth:	MHSC#:	Personal Health ID:
Grade:	School:	

Family Information (check the primary resident/caregiver):		
<input type="checkbox"/> Parent/Guardian:	Address:	Home Phone:
		Work Phone:
		Cell Phone:
		Email:
<input type="checkbox"/> Parent/Guardian:	Address:	Home Phone:
		Work Phone:
		Cell Phone:
		Email:
<input type="checkbox"/> Foster Parents:	Address:	Home Phone:
		Work Phone:
		Cell Phone:
		Email:
Agency:	Address:	Work Phone:
		Cell Phone:
		Email:

Medical Information:	
Name of Prescribing Physician:	
Address:	Telephone Number:
Name of Dispensing Pharmacy:	
Address:	Telephone Number:
Name of Medication	Dosage:
Time:	Method:
Start Date:	End Date:
First dose administered at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	First dose well-tolerated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Possible Side Effects:	Describe Response to Side Effects:
Storage Requirements of Medication:	

I/We acknowledge that the employees of Rolling River School Division are not medical personnel and have not been formally trained in administering medication and that Rolling River School Division, the school, and the staff accept no liability for providing this service. I/We hereby release and forever discharge, and undertake and agree to indemnify and save harmless, Rolling River School Division and its employees of and from any and all claims of any kind whatsoever arising out of the administering of medication.

I hereby request and authorize that my child be given medication prescribed by our doctor or over-the-counter (OTC) medication. Such medication is to be given by the principal or his/her designate.

This authorization is considered to be valid until June 30 following this date or the day after the stop date stated above, unless withdrawn by the parent. All unused medications will be pickup on or before June 30. Any medication remaining after this point will be taken to the local pharmacy for disposal.

<b>Name (Please print):</b>	<b>Name (Please print):</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Date:</b>	<b>Date:</b>