



Mountain View School Division acknowledges the fact that certain students may require prescribed medication during the school day in order to function as near to their potential as possible. The School Division also realizes that the administration of prescribed medication by the parent, legal guardian of the child, or by appropriate medical authorities is not always possible at the prescribed time during the school day.

In this regard, Mountain View School Division will attend to the administering of prescribed medication provided that, and only if, parent(s) or legal guardian(s) of the pupil meet all the prerequisites as identified below:

A. PARENTS

1. Parents shall provide the school with an “Administration of Prescribed Medication” form which shall include:
 - a) A copy of the prescription and recommended dosage.
 - b) The physician’s requirements specifying frequency and method of administration.
 - c) Physician’s description of anticipated reactions of the child to the prescribed medication.
 - d) Physician’s signature.
 - e) Parental permission and signature approving the administration of the prescribed medication.
 - f) An outline of the method for delivering medication to the school upon request from the school authority.
2. Parents shall notify the school immediately if medication is no longer required.
3. Parents shall complete a new “Administration of Prescribed Medication” form each year and whenever the physician changes the prescription.

B. SCHOOLS

1. Schools shall designate a specific, locked and limited access storage space within the administrative area of the school to store the medication. If refrigeration is required the medicine must be kept in the staff room refrigerator.
2. Schools shall ensure that there is a copy of the “Administration of Prescribed Medication” form in the pupil’s student record file and a copy is available for immediate reference for the principal and/or teacher(s) designated by the principal to administer the prescribed medication. This should be kept close to the medication storage space.
3. Schools may refuse to administer prescribed medication to any child whose parent(s) or legal guardian(s) have not fully completed the approved “Administration of Prescribed Medication” form.

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4. If a student will not take the prescribed medication, the teacher shall notify the principal. The parent(s) or guardian(s) shall be contacted immediately and if they are not available, the assistance of a qualified person should be sought.
5. A specific staff member shall be designated by the principal to administer the medication to the student on a regular basis. If the substitute teacher is in charge of a pupil requiring prescribed medication, the principal, or his/her designate who has full knowledge of the facts shall administer the medication.
6. The adoption and implementation of the procedure does not preclude the staff member(s) liability to court action if an error is made in administering the prescribed medication.
7. This procedure is restricted to the administration of prescribed medication which can be taken orally (e.g., pills) or which can be applied externally.
8. The school should check to make sure that the medication carries the official label from the druggist stating the child’s name, physician’s name, name of the drug, dosage to be administered and the time of the day it is to be given.
9. An Individual Medical Record shall be kept for any student to whom medication is being administered at the school (see Appendix B). The following information shall be recorded each time medication is administered:
 - a) Date and name of administration.
 - b) Identity of person administering medication
 - c) Any relevant comments or observations.
10. Medication that is discontinued shall be returned to the parents.
11. Staff should be cognizant of the fact that the adoption and implementation of this policy does not preclude the staff member’s liability to court action if an error is made in administering the medication.

C. RESTRICTIONS

Conditions covered by Unified Referral Intake System (URIS):

- Asthma
- Anaphylaxis (Procedure A6)
- Diabetes
- Seizure Disorders

1. Students identified with the above-mentioned conditions are covered under Unified Referral Intake System (URIS).

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2. URIS provides a nurse to develop an emergency health care plan for the child. The Health Care Plan is updated and reviewed annually with the parents and school staff.
3. URIS nurses provide basic training on these four conditions to all school staff annually.

D. FIRST AID

School staff shall not apply any external antiseptics such as mercurochrome to injuries sustained by students. In the case of minor cuts or abrasions, the wound is to be washed, cleaned with peroxide and, where necessary, a sterilized bandage applied. In the case of serious cuts or other injury, the child is to be referred to a physician for treatment.

Acetaminophen (e.g., Tylenol) may be administered if prior written consent or immediate verbal consent is obtained from the parent/guardian. Any other form of internal medication should not be administered without prior written consent from the parents and the family doctor. Note: Acetylsalicylic acid (ASA) is not to be used, i.e., aspirin because of the possibility of allergic reaction.

In the event a student is demonstrating any symptoms of illness, the parents of the student shall be contacted. If it is deemed advisable that the student return to his home, such arrangements shall be made. Under no circumstances is a student to be sent home unless a responsible adult is at the home to receive the student. Students at the elementary grade level shall be picked up by a responsible adult or accompanied to their home by a responsible adult.

E. STUDENTS WITH CHRONIC MEDICAL CONDITIONS

A specific individual management plan is to be prepared for each student with a chronic medical condition such as epilepsy, kidney disease, migraine headaches, thyroid conditions, and intestinal disorders. The guidelines in this procedure will assist the school administrator in preparing the plans required in each school.

1. On or before the commencement of school in the fall term, the school shall take every reasonable step to determine those students in attendance at the school who have a chronic disability or illness and who require or may require medical attention during the school day. For each student so determined, the school principal should:
 - a) Meet personally with the parents/guardians and obtain written information from the parents/guardians detailing the nature of the illnesses, the symptoms, the action to be taken in the case of illness being manifested, and ask for other instructions of a specific nature which the parent may consider necessary to safeguard the child.
 - b) Determine from the parents or, with the permission of the parents, from the child's physician the possible educational implications of the illness and the possible side

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effects of any medication the child may be taking or which may need to be administered at the school.

- c) Communicate the above information to all personnel employed at the school by filing the information in a readily accessible place.
 - d) Take such measures as may be necessary to ensure that chronically ill children will be recognized by any member of the staff should medical attention be required.
 - e) Ensure that all substitute teachers are aware of chronically ill children placed in their care.
 - f) Ensure that a form of medic alert sticker be placed on the homeroom register of each chronically ill child.
2. Where a chronically ill child requires or may require medication, the procedures as detailed in the procedure "Administering Medications to Students" shall be strictly applied.
 3. Under no circumstances shall staff ignore any symptoms or suggestions from a child that medical attention may be required or necessary.
 4. In all instances where symptoms of the illness manifest themselves or the child suggests they may be feeling the onset of symptoms, the school shall respond in accordance with directives provided under A1 and, as deemed necessary, communicate directly with the parents or the child's physician.
 5. On an annual basis (more often if deemed necessary), the principal's office shall verify the currency of the information provided by the parents and/or the child's physician.

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ADMINISTRATION OF PRESCRIBED MEDICATION

Mountain View School Division realizes that certain students may require prescribed medication during the school day. The Division will agree to give the medication provided that the school staff assistance is required and only if the parent(s) or legal guardian(s) of the student have this form completed and given to the school. A new form must be completed each school year and whenever the physician changes the prescription. This information should also be included in the school’s computer information system.

Please note that the prescribing physician must fill out the reverse side of this form.

SECTION A: TO BE COMPLETED BY PARENT/GUARDIAN

A) I request that the medication _____
name of medication
_____ be administered _____
dosage how often and time of day
to _____, as outlined on the reverse
name of student
by Dr. _____.
name of physician

B) I will be responsible to send/deliver the medication to the school. If I am unable to do this personally, I designate the following person to deliver the medication to the school:

Who and When

C) If the school has to call me because of some problem with the medication, try the following phone number(s):

If the school is unsuccessful in contacting me, here are two other people to call for advice:

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____

D) I shall notify the school immediately if the medication is no longer required.

Date

Signature of Parent/Guardian

SECTION B: TO BE COMPLETED BY THE PHYSICIAN

Re: _____
Name of Student

A) Please identify the prescription and recommended dosage.

B) Specify the time(s) to administer the medication during the school day, and the route (method) of administration.

C) The intent of this medication for this child is to:

D) Any other information of which the school needs to be aware:

Date

Signature of Physician

Telephone

Address

SECTION C: TO BE COMPLETED BY SCHOOL PERSONNEL

We have read the above information.

_____, Principal

_____, Classroom Teacher



INDIVIDUAL MEDICATION RECORD

SCHOOL: _____ STUDENT: _____
MEDICATION: _____ DOSAGE: _____
ROUTE: _____ TIME(S): _____

INSTRUCTIONS FOR PERSON(S) ADMINISTERING THE MEDICATION:

- a) Attach completed "Administration of Prescribed Medication" form to this medication record.
- b) Verify your initials once with a full signature on the reverse side of this record.
- c) **Do five (5) stage checklist before administering medication, i.e., that you have the RIGHT:**
1. STUDENT 2. MEDICATION 3. DOSAGE 4. ROUTE (i.e., method of administration, e.g., oral) 5. TIME.
- d) Every time the medication is administered:
 1. Record the date and time
 2. Initial the fact that the medication was administered
 3. Note absent, refused, missed or discontinued if administration not done at prescribed time
 4. Write any other comments you feel are relevant.
- e) Notify parent/guardian when less than four days' supply of medication remains.