

The South Slave Divisional Education Council acknowledges that under normal circumstances prescribed medication should be dispensed before and/or after school hours under the supervision of the parent/legal guardian. Educators (teachers, classroom assistants and special needs assistants), volunteers or other staff should not normally be involved in the administering of medications, prescribed or otherwise. The SSDEC considers it to be the responsibility of the parents to make arrangements to eliminate the need for school personnel to be involved.

If in the opinion of a practicing physician a particular student requires prescribed medication in order to attend school, and that the prescribed medication by necessity must be taken during school hours, the following set of regulations must be completed by the Principal.

REGULATIONS

This Regulation is restricted to the administration of prescribed medication that can be taken orally (e.g., pills) or that can be applied externally or injections that are of an emergency nature only.

The school principal shall designate an individual to administer prescribed medication only if a parent or legal guardian of the student:

- A. Provides the school with a completed *Administration of Prescribed Medication* form that includes:
 - The physician's requirements specifying the medication, dosage, frequency and method of administration;
 - The physician's description of anticipated reactions of the child to the medication;
 - The physician's signature;
 - Parental permission and signature approving the administration of the prescribed medication; and
 - An outline of the method of delivering the medication to the school.
- B. Notifies the school immediately if the medication is no longer required.
- C. Completes a new *Administration of Prescribed Medication* form (*Part I and Part II*) for new requests to administer medication or whenever the physician changes the prescription. Part I of the form must be submitted each year. However, Part II of the form is not required annually if there are no changes to prescription or dosage. (e.g. EpiPen or Glucagon)

Schools will ensure that a copy of the *Administration of Prescribed Medication* form is available for immediate reference by the individual designated by the principal to administer the prescribed medication.

Schools shall refuse to administer medication to any child whose parent or legal guardian has not fully completed the approved *Administration of Prescribed Medication* form, unless it is a life and death situation (ex: suspected opioid overdose - administer naloxone if available).

The school principal shall also act in accordance with the following regulations:

A. Security

- Schools will designate a specific, locked or limited access storage space within the school to store the medication.
- No more than one (1) week's dosage is to be stored in the school at any time.
- All prescribed medications are to be brought to the school from the home by the parent.
- Left-over medication should be picked up by the parent/legal guardian or discarded with parental/legal guardian permission.
- The prescribed medication itself must be in a prescription container and be clearly labeled.

B. A record sheet is to be maintained showing the date and time of each administration, verified by the initials of the administering person.

C. If available, the Public Health Nurse or Nurse in Charge, assigned to the school, must be informed of the *Administration of Prescribed Medication* form from the prescribing physician. It is suggested that the Public Health Nurse or Nurse in Charge be consulted regarding the administration of medication, providing training for staff in administering the medication and/or providing information about the condition that the student has been diagnosed with that requires the medication.

D. Staff will not assume any responsibility for assisting with student injections which are of a regular nature (e.g. insulin) however, they may be requested to assist with injections which are of an emergency nature (e.g. severe allergy reactions) provided that all conditions of these regulations on administering medication to students are met (inc. form filled out by physician)

If a student will not take the prescribed medication, the teacher will notify the principal. A parent or guardian will be contacted immediately and, if he/she is not available, the assistance of a medical practitioner should be sought.

If a substitute teacher is in charge of a student who requires prescribed medication, the principal, or his/her designate who has full knowledge of the facts, will administer the medication.

Reference: *Education Act*, Section 69 (2) k

Date: October 2002

Revised: November 2018
November 2023



ADMINISTRATION OF PRESCRIBED MEDICATION FORM

The South Slave Divisional Education Council acknowledges that certain students may require prescribed medication during the school day in order to function as near to their potential as possible. The School Principal shall designate an individual to administer prescribed medication provided school staff assistance is required in administering the medication and only if a parent or legal guardian of the student completes (and arranges for completion of) this form. A parent/guardian shall complete a new form (Part I and Part II) each year there is a new request to administer medication or whenever the physician changes the prescription. . Part I of the form must be submitted each year. However, Part II of the form is not required annually if there are no changes to prescription or dosage. (e.g. EpiPen or Glucagon). If the community does not have a full-time physician, the Public Health Nurse, Nurse Practitioner or Nurse at the Nursing Station can complete these forms.

PART I: (to be completed by a parent or guardian)

a) I request that the medication

_____ (name of medication)

be administered to

_____ (name of student)

for a period of _____

b) I will bring the medication to the school and meet with the principal.

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

(Date)

(Name of Parent or Guardian)

(Signature of Parent or Guardian)



ADMINISTRATION OF PRESCRIBED MEDICATION FORM (continued)

PART II: (to be completed by physician)

Re: _____
(name of student)

a) Specify the medication, dosage, frequency and the method of administration of this medication during the school day:

b) I anticipate the child's reactions to the prescribed medication will be:

(Date)

(Name of Physician)

(Telephone)

(Signature of Physician)

(Address)