



ADMINISTRATION OF ORAL MEDICATION TO STUDENTS

ADMINISTRATIVE OPERATIONAL PROCEDURES

In keeping with the Mission, Vision and Values of the Niagara Catholic District School Board, the following are Administrative Operational Procedures for Administration of Oral Medication to Students.

PREAMBLE

The Board and its staff work cooperatively with families, health care providers and community partners in order to provide a safe, inclusive and healthy educational environment for all students.

These Administrative Operational Procedures are intended to meet the needs of students who require administration of prescribed and non-prescribed oral medication during school hours by Niagara Catholic staff. Parents/guardians/students are responsible to provide the necessary information to school staff prior to any administration of oral medication.

1. In accordance with the Ministry of Education Policy/Program Memorandum No. 81 Provision of Health Support Services in School Settings, all school boards will be responsible for the administration of oral medication where such medication has been prescribed during school hours.
 - That such procedures be applied only to those services, requested by the parent and prescribed by a physician or other health care professional, which must be provided during school hours.
 - That a request for the service and the authorization to provide such service be made in writing by the parent and the physician, specifying the medication, the dosage, the frequency and method of administration, the dates for which the authorization applies, and the possible side effects, if any.
 - That the storage and safekeeping requirements for any labeled medication be stated.
 - That a record of administration be maintained which includes the pupil's name, date, time of provision, dosage given, name of person administering, etc.
 - That the telephone numbers of the parent and physician be readily accessible in the school.
 - That the medication be administered in a manner which allows for sensitivity and privacy and which encourages the pupil to take an appropriate level of responsibility for his or her medication.

(Source: Ministry of Education Policy/Program Memorandum No. 81)
2. For all prescribed and non-prescribed medication taken during school hours, the parent/guardian's signature and the physician's signature are required on the completed Administration of Prescribed and Non-Prescribed Medication During School Hours Form (*Appendix A*).
3. Any changes to the dosage/regimen requires that the parent/guardian provide an updated form signed by the parent/guardian and physician.
4. In order for medication to be accepted by the Principal for administration purposes, it must be hand delivered in the original container by the parent/guardian to the Principal or designate who shall inform the Principal as soon as possible.
5. All medication stored in the school shall be kept in a secure location.

6. The Principal/Designate of each school shall be responsible for both the control and administration of the medication.
7. Under no condition should a Principal/Designate administer medication if the specific dosage and directions are not provided on the signed Administration of Prescribed and Non-Prescribed Medication form.
8. The Principal/Designate can delegate the responsibility for the administration of medication to an appropriate staff member. Staff members, aside from trained Educational Assistants or other trained individuals, may exercise the option not to become involved in the administration of medication; the responsibility thereby returning to the Principal/Designate.
9. The medication is to be administered by the Principal/Designate in a manner which allows for the sensitivity and privacy of the student and which encourages the student to take an appropriate level of responsibility for the medication.
10. A record of administration is to be maintained at the school by the Principal/Designate on the Record of Administration of Prescribed and Non-Prescribed Medication Form (*Appendix B*).
11. Once the regimen has been completed, the parent/guardian will be contacted to pick up the unused medication. If the parent/guardian does not comply, the Principal/Designate will take the medication to a local pharmacy.
12. The parent/guardian shall be given a copy of the Record of Administration of Prescribed and Non-Prescribed Medication Form at the completion of the regimen.
13. The Principal shall keep on file the Record of Administration of Prescribed and Non-Prescribed Medication Form for the duration of the student's attendance at the school.
14. Parents/guardians/students will plan for the administration of medication during field trips with the Principal/school staff prior to the activity.

NOTE "Administration" for the purposes of this Administrative Operational Procedures means:

- The safe storage and handling of the medication
- The visual supervision and observation of the taking of the medication
- The actual administration of the medication if appropriate or necessary
- The recording of the administration on the Record of Administration of Prescribed and Non-Prescribed Medication form.

Reference

- [Ministry of Education Policy/Program Memorandum No. 81](#)

Adopted Date:	October 27, 1998
Revision History:	May 26, 2009 December 20, 2016

APPENDIX A


 <small>NIAGARA CATHOLIC DISTRICT SCHOOL BOARD</small>	<p>NIAGARA CATHOLIC DISTRICT SCHOOL BOARD</p> <p>ADMINISTRATION OF PRESCRIBED AND NON-PRESCRIBED MEDICATION DURING SCHOOL HOURS</p>
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This information is being collected under the Authority of The Education Act, and will be used for the purposes of administering prescribed and non-prescribed medication during school hours. Questions about this collection should be directed to the Superintendent of Education, Niagara Catholic District School Board, 427 Rice Road, Welland, ON L3C 7C1 Telephone (905) 735-0240

TO BE COMPLETED BY PARENT/GUARDIAN	TO BE COMPLETED BY PHYSICIAN							
Name of Student	Name of Physician							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Student's Date of Birth</td> <td style="width: 30%; padding: 5px;">Grade</td> </tr> <tr> <td style="padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">Day</td> <td style="width: 33%; padding: 5px;">Month</td> <td style="width: 33%; padding: 5px;">Year</td> </tr> </table> </td> <td style="padding: 5px;"></td> </tr> </table>	Student's Date of Birth	Grade	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">Day</td> <td style="width: 33%; padding: 5px;">Month</td> <td style="width: 33%; padding: 5px;">Year</td> </tr> </table>	Day	Month	Year		Street Address
Student's Date of Birth	Grade							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">Day</td> <td style="width: 33%; padding: 5px;">Month</td> <td style="width: 33%; padding: 5px;">Year</td> </tr> </table>	Day	Month	Year					
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School	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">City</td> <td style="width: 40%; padding: 5px;">Postal Code</td> </tr> </table>	City	Postal Code					
City	Postal Code							
Student's OEN #	Telephone							
<i>Parent/Guardian Telephone</i> Home:	Name of Medication							
Mobile:	Condition for Which Medication is Prescribed							
Business:	Possible Side Effects							
E-mail:	Number of Times Per School Day for Administration:							
<i>Emergency Contact</i> Name:	Time of Day for Administration:							
Telephone:	Dosage Per Administration							
Mobile:	Administration Parameters (Dates)							
Parent/Guardian Approval	From _____ To: _____							
<i>I hereby request and give permission to _____ School to administer the noted medication according to Board procedures and the instructions of the Physician.</i> (Remaining Medication will be returned to the Parent/Guardian)	Storage Requirements							
Date:	Date:							
<i>Signature of Parent/Guardian</i>	<i>Signature of Physician</i>							

NOTE: PLEASE RETAIN A COPY FOR THE DURATION OF THE STUDENTS ATTENDANCE AT THE SCHOOL

APPENDIX B

 <small>NIAGARA CATHOLIC DISTRICT SCHOOL BOARD</small>	NIAGARA CATHOLIC DISTRICT SCHOOL BOARD RECORD OF ADMINISTRATION OF PRESCRIBED AND NON-PRESCRIBED MEDICATION
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Name of Student	OEN#	School Name
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DATE	TIME	DOSAGE	SIGNATURE

Copy Provided to Parent/Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>
Remaining Medication Returned: Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature of Principal Date:

NOTE: PLEASE RETAIN A COPY FOR THE DURATION OF THE STUDENTS ATTENDANCE AT THE SCHOOL