



Niagara Catholic District School Board

ADMINISTRATION OF ORAL MEDICATION TO STUDENTS

ADMINISTRATIVE OPERATIONAL PROCEDURES

300 – School/Students

No 302.2

Adopted Date: October 27, 1998

Latest Reviewed/Revised Date: December 17, 2020

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 primary responsibility for the administration of prescribed and/or non-prescribed medication to a student rests with the student's parents/guardians. Therefore, wherever possible, a treatment regime should be adjusted to avoid administration of medication during school hours. However, the Board recognizes that there may be circumstances under which a student must have medication administered during the school day. Principals will work cooperatively with families, health care providers and community partners in order to support students.

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.

ADMINISTRATION OF ORAL MEDICATION TO 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. This AOP is compliant with Ministry of Education Policy/Program Memorandum No. 81.

ROLES AND RESPONSIBILITIES

PARENTS/GUARDIANS

1. For all prescribed and non-prescribed medication taken during school hours, the Administration of Prescribed and Non-Prescribed Medication During School Hours Form (*Appendix A*) must be completed, signed by the parent/guardian and physician/health care professional, and submitted to

the school Principal or designate. All costs associated with completion of the form (Appendix A) are the responsibility of the parent/guardian.

- In the case of a prescription for medical cannabis, only cannabis oils, capsules or edibles will be administered on school premises. Smoking or vaping of medical cannabis is prohibited.
2. Medication for administration purposes, must be hand delivered in the original labelled pharmacy container by the parent/guardian to the Principal or designate. Staff members are not permitted to adapt/transform medication. The adaptation of a medication must be done by the medical professional or pharmacist.
 3. Parents/guardians/students in consultation with the Principal/school staff will plan for the administration of medication during field trips prior to the activity.
 4. Any changes to the dosage/regimen will requires that the parent/guardian provide an updated Administration of Prescribed and Non-Prescribed Medication During School Hours Form (*Appendix A*) signed by the parent/guardian and physician.

PRINCIPAL AND/OR DESIGNATE

1. The Principal/Designate of each school shall be responsible for the secure storage, control and administration of medication.
2. 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.
3. 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.
4. 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. The Principal/Designate who has administered the medication will observe the student to ensure the medication is consumed.
5. 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). The Administration of Prescribed and Non-Prescribed Medication During School Hours Form (Appendix A) and the Record of Administration of Prescribed and Non-Prescribed Medication Form (Appendix B) shall be kept on file for the duration of the student's attendance at school.
6. The parent/guardian shall be given a copy of the Record of Administration of Prescribed and Non-Prescribed Medication Form (Appendix B) at the completion of the regimen, along with any unused medication.
7. At the end of each school year, the Principal/Designate will take any unused medication to the local pharmacy for disposal.

Reference

- [Ministry of Education Policy/Program Memorandum No. 81, Provision of Health Support Services in School Settings](#)
- [Smoke Free Ontario Act, 2017](#)

Adopted Date:	October 27, 1998
Revision History:	May 26, 2009 December 20, 2016 December 17, 2020

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%;">Student's Date of Birth</td> <td style="width: 30%;">Grade</td> </tr> <tr> <td> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Day</td> <td style="width: 33%;">Month</td> <td style="width: 33%;">Year</td> </tr> </table> </td> <td></td> </tr> </table>	Student's Date of Birth	Grade	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Day</td> <td style="width: 33%;">Month</td> <td style="width: 33%;">Year</td> </tr> </table>	Day	Month	Year		Street Address
Student's Date of Birth	Grade							
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School	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">City</td> <td style="width: 40%;">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: Time of Day for Administration:							
<i>Emergency Contact</i> Name:	Dosage Per Administration							
Telephone:	Administration Parameters (Dates)							
Mobile:	From _____ To: _____							
Parent/Guardian Approval <i>I hereby request and give permission to _____ School to administer the noted medication according to Board procedures and the instructions of the Physician. (Remaining Medication will be returned to the Parent/Guardian)</i>	Storage Requirements							
Date:	Date:							
<i>Signature of Parent/Guardian</i>	<i>Signature of Physician</i>							

DECEMBER 2020

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NOTE: PLEASE RETAIN A COPY FOR THE DURATION OF THE STUDENT'S ATTENDANCE AT THE SCHOOL

