



Niagara Catholic District School Board

ADMINISTRATION OF MEDICATION TO STUDENTS

ADMINISTRATIVE OPERATIONAL PROCEDURES

300 – School/Students

No 302.2

Adopted Date: October 27, 1998

Latest Reviewed/Revised Date: February 3, 2025

In keeping with the Mission, Vision and Values of the Niagara Catholic District School Board, the following are Administrative Operational Procedures for Administration of 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, Physician/Health Professional, and community partners 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/Medical 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/Medical Professional, 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 medication arrives at school in its original packaging with the original label.
- That the storage and safekeeping requirements for any labeled medication be stated clearly in the Administration of Prescribed and Non-Prescribed Medication During School Hours (Appendix A)
- That a record of administration be maintained which includes the student's name, date, time of provision, dosage given, name of person administering, the telephone numbers of the parent and Physician/Health Professional are recorded on The Administration of Prescribed and Non-Prescribed Medication During School Hours (Appendix A) and kept with the stored medication to be readily available when needed.
- 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 the 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/ Medical Professional, and submitted to the school Principal/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 by the parent/guardian to the Principal or designate. The medication for administration must be in the original labelled pharmaceutical container with the original dispensed quantity of medication. School staff are not permitted to adapt/transform medication. Any transformation/adaptation of the medication must be carried out 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 require 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 by the Physician/Medical Professional on the signed Administration of Prescribed and Non-Prescribed Medication form (*Appendix A*)
3. The Principal/Designate can delegate the responsibility for the administration of medication to an appropriately trained 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 return any unused medication to the family or will take any unused medication to the local pharmacy for disposal. A record of this return or disposal at a pharmacy must be documented on the Record of Administration of Prescribed and Non-Prescribed Medication Form (Appendix B)

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 February 3, 2025



NIAGARA CATHOLIC DISTRICT SCHOOL BOARD

**ADMINISTRATION OF PRESCRIBED AND NON-PRESCRIBED
MEDICATION DURING SCHOOL HOURS**

APPENDIX A


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

A. TO BE COMPLETED BY PARENT/GUARDIAN		
Student's Name:	School:	Grade:
Date of Birth:	OEN:	
Parent/Guardian Name:	Day Phone:	Cell:
Parent/Guardian Name:	Day Phone:	Cell:
Emergency Contact:	Phone:	Relationship:
Parent/Guardian Approval: I hereby request and give permission to _____ School to administer the noted medication according to Board Procedures and the instructions of the Physician/Medical Professional. <ul style="list-style-type: none"> I understand that I am responsible for providing the medication in its original pharmaceutical container and the original dispensed quantity of medication supplied by the pharmacist, which is properly labeled indicating the student's name and administration directions. I request and authorize the Principal/Designate to administer the medication according to the Physician/Medical Professional's directions. I understand it is my responsibility to ensure the school has a supply of medication on hand at any given time. Principal/Designate will return any remaining medication to the parent/guardian or take it to the local pharmacy for disposal at the end of the school year. 		
Signature of Parent/Guardian:		Date:

B. TO BE COMPLETED BY PHYSICIAN/MEDICAL PROFESSIONAL	
This is to advise that I have prescribed the administration of the following medication which must be taken during school hours.	
Name of Medication:	Dosage and Instructions Per Administration:
Diagnosis/Reason for Medication:	
Possible Side effects:	
Administration Parametres (Dates): From: _____ To: _____	Time(s) of day for administration:
Physician/Medical Professional Name, Address and Phone:	Signature:

NOTE: PLEASE RETAIN A COPY FOR THE DURATION OF THE STUDENT'S ATTENDANCE AT THE SCHOOL. A NEW FORM MUST BE COMPLETED AT THE BEGINNING OF EACH SCHOOL YEAR, OR IF THE MEDICATION CHANGES.

APPENDIX B

 <p style="font-size: small; margin-top: 5px;">NIAGARA CATHOLIC DISTRICT SCHOOL BOARD</p>	<p>NIAGARA CATHOLIC DISTRICT SCHOOL BOARD</p> <p>RECORD OF ADMINISTRATION OF PRESCRIBED AND NON-PRESCRIBED MEDICATION</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 recording administration of prescribed

Name of Student	OEN#	School Name
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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

DATE	TIME	DOSAGE	SIGNATURE

Copy Provided to Parent/Guardian:	• yes	• no	Date: _____
Remaining Medication Returned:	• to parent	• to local pharmacy	Date: _____
Signature of Principal: _____	Date: _____		

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