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| NCDSB-logo-v2aNiagara 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 20, 2016 |

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)*](http://www.edu.gov.on.ca/extra/eng/ppm/81.html)

1. 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*).
2. 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***](http://www.edu.gov.on.ca/extra/eng/ppm/81.html)

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

**APPENDIX A**

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| **NIAGARA CATHOLIC DISTRICT SCHOOL BOARD**  **ADMINISTRATION OF PRESCRIBED AND NON-PRESCRIBED**  **MEDICATION DURING SCHOOL HOURS** |

*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*

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| **TO BE COMPLETED BY PARENT/GUARDIAN** |  |  | **TO BE COMPLETED BY PHYSICIAN** |
| Name of Student |  |  | Name of Physician |
| Student's Date of Birth  Day Month Year | Grade |  | Street Address |
| School |  |  | City Postal Code |
| Student's OEN # |  |  | Telephone |
| *Parent/Guardian Telephone*  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: |
| *Emergency Contact*  Name: |  |  | Dosage Per Administration |
| Telephone: |  |  | Administration Parameters (Dates) |
| Mobile: |  |  | From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian Approval |  |  | Storage Requirements |
| ***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) | |  |  |
| Date: |  |  | Date: |
| *Signature of Parent/Guardian* |  |  | *Signature of Physician* |
| DECEMBER 2016 |  |  | H:PM6.5\SSISSF005.PM6.5 |

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

**APPENDIX B**

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| **NIAGARA CATHOLIC DISTRICT SCHOOL BOARD**  **RECORD OF ADMINISTRATION OF PRESCRIBED AND**  **NON-PRESCRIBED MEDICATION** |

*This information is being collected under the Authority of The Education Act, and will be used for the purposes of recording administration of 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*

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| **Name of Student** | **OEN#** | **School Name** |

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| **DATE** | **TIME** | **DOSAGE** | **SIGNATURE** |
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| Copy Provided to Parent/Guardian: | Yes No |  |  |
| Remaining Medication Returned: | Yes No |  |  |
| Signature of Principal |  | Date: |  |
| DECEMBER 2016 |  |  | H:PM6.5\SS\SSF006.PM6.5 |

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