



---

### 5.11 Medication for Students

The Board of Education of School District No. 19 (Revelstoke) recognizes that some students may be in need of certain medication. In those cases where a student requires medication for reasons related to his/her health during school activities, the administration of such medication shall be the ultimate responsibility of the Principal of the school. It shall be the responsibility of the parent to clearly inform the Principal of the child's needs and supply the school with the appropriate supply of required medication.

It is recognized that any medication to be administered should not require any special skill or knowledge on the part of the Principal or his/her delegate. Except in emergency situations, no employee of the School Board shall administer medication unless it is carried out in accordance with the provisions of the regulations of this policy. Until proper provisions are arranged, medication is not to be administered, even though this may result in a student being absent from school on the short term.

#### Guidelines:

1. These guidelines are to be used for students with an identified handicap or health problem:
  - 1.1. which makes it necessary for them to take medication while at school,
  - 1.2. who need assistance or supervision from school staff in order to take their medication, or
  - 1.3. for those who may require emergency medication for an allergic reaction.
2. The school staff shall be informed annually of this policy and regulations by the Principal. Medic Alert students must be identified at that time or as the information becomes available to school staff members, Bus Drivers and Teachers-On-Call.
  - 2.1. The Principal shall notify parents through a school newsletter of their obligations under this policy.

### 3. Non Emergency Self Administered Medication

For self administered non-emergency medication (eg. Tylenol), generally only a single day's dosage may be brought to school. Only under extra-ordinary circumstances where extra-curricular travel is required may this dosage exceed one day. The dosage then would match the number of days of travel involved.

### 4. Emergency Self Administered Medication

For self administered emergency medication (eg. Asthma puffers and epipens), a student is authorized to have this medication on their person while at school.

### 5. Documentation for Administration of Medication

5.1. A request form is given to the parent or guardian by the school Principal, or delegate, when the student is registered, or when the parent indicates that the medication is required at school.

5.2. The parent or guardian completes Section "A" and takes the request form to the physician to have Section "B" completed for all prescription medication.

5.3. The parent then completes Section "C" and returns the form to the school.

5.4. The Public Health Nurse is available to review the form and, if necessary, contact the parents or physician for further clarification.

5.5. Section "D" is for the convenience of the school and is intended to ensure that the person responsible for giving or supervising the medication has all necessary information. Several spaces are allowed as this person may change throughout the school year.

5.6. Any employee responsible for administration of a medication must review the information on the form and date and sign the form in Section "D". Any employee has an unfettered right to refuse to accept responsibility for the administration of medication and may refuse to sign Section "D" or remove their name from Section "D".

5.7. The completed request form is to be kept in the school in an easily accessible place as determined by the Principal.

5.8. A new request form must be completed each September

## 6. Medication Log / Storage

- 6.1. All prescription medication is to be kept secure in the office in the original pharmacy labeled container. Under no circumstances are students to have prescription medication in their lockers, lunch kits, pockets or desks.
- 6.2. Emergency medication is to be accessible, but secure, in a location known to all staff who may be administering it, and in some cases in the student's possession.
- 6.3. Students will be dispensed their medication from the office environment and a log will be kept for this purpose. Each time the medication is dispensed it must be initialed by a staff member who has supervised the student taking their medication.
- 6.4. As a general rule, parents will bring a supply of medication to school on a regular basis. It is not safe, particularly for younger students, to bring bottles of pills in their pockets or lunch kits to the office.



**School District 19**  
(Revelstoke)

## Revelstoke Board of Education

# REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL

### A. TO BE COMPLETED BY PARENT OR GUARDIAN

NAME OF STUDENT	BIRTHDATE (YR/M/D)
PARENT OR GUARDIAN	HOME PHONE
PHYSICIAN	PHONE

### B. TO BE COMPLETED BY PRESCRIBING PHYSICIAN

Condition(s) which made medication necessary?

Name of Medication	Dosage	Directions for Use
1.		
2.		
3.		
4.		
Additional Comments (possible reactions, consequences of missing medication, etc.)		
		Physician's Signature
		Date

**C. TO BE COMPLETED BY PARENT OR GURARDIAN**

I will notify the school promptly of any changes in medications ordered. I will provide the medication in its original labelled pharmacy container.

Signature of Parent or Guardian

\_\_\_\_\_

Date: \_\_\_\_\_

**D. EACH SCHOOL STAFF MEMBER WHO IS RESPONSIBLE FOR THE ADMINISTRATION OR SUPERVISION OF THE MEDICATION MUST REVIEW THE INFORMATION ON THIS CARD THEN DATE AND SIGN BELOW**

Date	Signature	Comments if any

IN CONSIDERATION of the School Board authorizing certain of its employees to administer the above medication as required in this authorization form, I/WE HEREBY RELEASE AND FOREVER DISCHARGE the Board of School Trustees of School District No. 19 (Revelstoke), its members, officers, administrators and employees from any and all claims whatsoever and actions or causes of action which I/we may have against the Board, its members, officers, administrators and employees arising out of the administration of the medication referred to in this authorization/release form.

DATED, \_\_\_\_\_, 20\_\_.

Parent(s)/Legal Guardian(s) \_\_\_\_\_  
\_\_\_\_\_