Guidelines for Administration of Prescriptive Oral Medication

1.0 The Durham District School Board believes that the administration of medication to students is the responsibility of the student's parent(s), and/or guardian(s).

1.1 The Board recognizes that there are special cases where a student must have prescriptive oral medication during regular school hours or during school-sponsored events.

1.2 It is the Board's policy that, in such cases, where it is not possible for the parent or guardian or qualified medical practitioner to do so, the Board will allow for the administration of prescriptive, oral medication by school staff, in consultation and cooperation with the parent or guardian, and in accordance with such regulations and procedures as may be established from time to time.

1.3 Nothing in the above policy precludes school staff from acting in the best interests of a student in an emergency situation.

2.0 Guidelines

2.1 The Principal, or designate, is authorized, if requested in writing by the parent or guardian, to administer oral medication where such medication is essential for the student to continue to attend school on a long-term basis, has been prescribed for use and must be given during school hours or during school-sponsored events, and it is not possible for the student to self-administer or for reasonable alternative arrangements to be made.

2.2 All requests for administration of oral medication must be submitted on the appropriate form (Request for Administration of Oral Medication - See Appendix 1, including the Medication and Administration Information - See Appendix 2), to be carefully and fully completed by the parent or guardian and the student's physician.

2.3 Parents/guardians must deliver the medication in the original tamperproof container from the pharmacy with completed Request for Administration of Oral Medication, including the Medication and Administration form.

2.4 The Principal shall ensure:

a) all medication is stored in the original tamperproof container(s), in a locked cupboard or cabinet **(**note that medications requiring refrigeration may not be accommodated for safe-keeping reasons);
b) all medication is adequately identified: name of child, name of medication, dosage and frequency that medication is to be given, name of physician, storage and safe-keeping requirements, and expiry date if applicable;
c) a completed Request for Administration of Medication (including the Medication and Administration Information) form is on file.
d) (wherever possible medication is given in a quiet environment close to where the medication is stored;
e) a person or persons is/are designated to administer medication on a daily basis according to procedures outlined in these guidelines;

f) a record is kept of all medication being administered including Child Medication Log (Appendix 3):
    1. name of child
    2. date
    3. dosage of medication, name of drug
    4. time given
    5. staff signature

2.5 Any change in the frequency, dose, or medication type will require that a new Request for Administration of Oral Medication (including the Medication and Administration Information) form is completed and submitted to the Principal.

2.6 Left over medication or surplus of medication should be hand delivered to the parent for discarding.

2.7 Any accidental administration of medication - dose error - medication to wrong child - shall be reported immediately to the principal, who will notify parent or guardian, physician and Superintendent of Education/Area.

2.8 A Request for administration of oral medication must be renewed annually, including the completion of a new Medication and Administration Information form, to be submitted to the Principal.

3.0 Designated Persons to Administer Medication or Medical Procedures:

a) No teacher or other classroom staff of the Board shall be compelled to be the designated person to administer regular scheduled medication to students or carry out regularly scheduled medical procedures on a student.

b) At least two alternate persons should be identified to administer the medication or medical procedure in the absence of the designated administrative staff.

c) Teachers or other classroom staff will administer medication in a life-threatening emergency when the designated administrative staff and the two alternates are absent.

d) In the cases where it has been established that the administration of medication at school is not possible through self-administration, or by regular administrative staff, or classroom staff, the Board will make arrangements for purchase the necessary service to administer medication.

Appendix:
Appendix 1 - Request for Administration of Oral Medication
Appendix 2 – Medication and Administration Information
Appendix 3 – Administration of Oral Medication

Effective Date
91-09-03
Amended/Reviewed
2002-05-07
2007-01-25
2008-10-09
2014-01-07
2016-07-04

Appendix:
Appendix 1

THE DURHAM DISTRICT SCHOOL BOARD

Request for Administration of Oral Medication

You have requested to have prescribed oral medication administered to your child by school personnel during school hours. The Durham District School Board believes that the administration of medication to students is the responsibility of the student's parent(s) or guardian(s). However, the school will endeavour to assist in the administration of oral prescription medication on the following terms and conditions:

The oral medication is prescribed by a physician, is essential for the student to continue to attend school on a long-term basis; must be administered during the school day or during school-sponsored events, it is not possible for the student to self-administer it, and the parent or guardian is unable to make other arrangements for someone to administer it as necessary;
The attached form must be carefully and fully completed by you and your physician prior to the start of each school year or prior to the commencement of the administration of that oral medication in the school year. If the form is not complete and legible, the school staff may be unable to safely administer the oral medication and your request for administration by school personnel may be denied. Therefore, please ensure that the instructions from the physician are very clearly stated, including the drug name, dosage, and frequency, or any other aspect of administration if changed during the school year. It is the parental responsibility to ensure that school staff have up-to-date information at all times, including current emergency contact information so that someone can be reached by the school at all times**;**
You are required to provide the school with all information needed for school field trips, and you are encouraged to require your child to wear a medical information/alert bracelet or pendant at all times while at school or engaged in school-related activities;
The oral medication must be delivered to the school in the original tamperproof prescription container, clearly labelled with the child's name, the name of the medication, the dosage and frequency, the physician's name, storage and safe-keeping requirements, and the expiry date of the oral medication [it must not be at or near expiry]. The medication must be accompanied by a drug insert listing the possible side effects. If the drug expires or the supply runs out, the dosage will be missed unless you as the responsible parent or guardian have made arrangements for a further supply to be delivered to the school.
You must agree, by signature below, that the Durham District School Board (the "Board"), its employees and agents, including school administration, staff and volunteers, will not be held responsible for any illness or injury to your child relating to or resulting from the administration of the medication. You will assume all responsibility in this regard. You are aware that the school does not have health care professionals to administer the medication, and school staff are not medically trained for this purpose.
The school and school staff are agreeing only to assist you in the administration of the prescribed oral medication. This agreement does not in any way change or relieve you of your parental responsibilities, and it and all accompanying paperwork will expire at the end of this school year. In order to have medication administration re-commenced in the next school year, you are responsible to submit a new and fully completed Request for Administration of Oral Prescription Medication.

I/We acknowledge receipt of this letter, have reviewed its contents, and agree to accept all terms and conditions as set out, in return for the school/school staff's assistance to administer oral prescriptive medication to my/our child, based on the information provided on the "Medication and Administration Information" Form.

I/We hereby request that the medication, as set out in the attached Medical and Administration Information Form, be administered orally to our child in accordance with the included physician's instructions.
I/We understand that the Durham District School Board and its employees will not be legally responsible for the administration of the medication.

_____ _____
Signature of Parent #1 Date of Signature

_____ _____
Signature of Parent #2 Date of Signature

Appendix 2

MEDICATION AND ADMINISTRATION INFORMATION

Student Name: _____ Home Telephone No.:_____

Address:_____

Date of Birth: _____ School: _____ Grade: _____

Parent/Guardian Name: _____Business Phone_____

Other Contact Name & Phone # _____

Physician's Instructions for Administering Oral Medication [to be completed by the Physician]

_____

Name of Medication: _____ Dosage [print] _____

Frequency and Method of Administration:

_____

Dates for which authorization applies (length of time medication is to be given):

_____

Possible side effects (please include or attach a drug information insert if available):

_____

Storage & Safekeeping requirements (medication is normally stored in a locked, non-refrigerated cabinet or area).

_____

Physician's Name and Address (Print) _____

_____

Physician's Phone # _____ Physician's Signature _____

NOTE: **This request will expire June 30 of each year.**

Appendix 3

THE DURHAM DISTRICT SCHOOL BOARD
ADMINISTRATION OF ORAL MEDICATION

CHILD MEDICATION LOG

Name of child/pupil: _____
Name of Parent: _____
Home Address: _____
Home Phone: _____ Business Phone: _____
Name of Prescribing Physician: _____
Office Address and Phone: _____

DATE	***NAME/DOSE OF MEDICATION***	***TIME GIVEN***	***STAFF SIGNATURE***	***COMMENT/ OBSERVATION OR REACTION IF SIGNIFICANT***