

Appendix A

ADMINISTRATION OF PRESCRIBED MEDICATION

This form is to be completed for a pupil who requires medication during school hours to be able to attend school. This personal information and personal health information is being collected, used, and disclosed to school staff or to agents of the Board in accordance with the Personal Health Information Protection Act, Municipal Freedom of Information and Protection of Privacy Act, the Education Act, Sabrina's Law, 2005 and Ryan's Law, 2015 for the purpose of administering medication. Please type or print clearly.

PUPIL: _____ BIRTHDATE: _____

ADDRESS: _____ SCHOOL: _____

TO BE COMPLETED BY PHYSICIAN AS REQUESTED BY THE MEDICAL OFFICER OF HEALTH:				
Reason For Medication:	Specific Requirements for Administration and/or Storage:		Date:	
Medication Prescribed:	Amount/Dose At Each Time	Time of Each Dose	Beginning Y/M/D	Ending Y/M/D

Is it appropriate for staff or agents of the Board as appropriate to administer this medication? Yes ___ No ___

Is there any training required for staff with respect to the administration of this medication? Yes ___ No ___

Additional Information Attached: Yes _ No _

Physician's Name: _____ Telephone: (____) _____

Physician's Signature: _____ Date: _____

I approve the use of non-prescription topical creams, such as sunscreen, which may be required to allow a student to attend school and participate in events (in the case where a student cannot apply the cream themselves due to a developmental or physical disability) to be applied by staff. Physician's initials _____

TO BE COMPLETED BY PARENT:

- I/We understand that the decision to permit an employee of the Peel District School Board or an agent of the Board to administer medication to my son/daughter is a personal, family decision.
- I/We request the administration of medication as prescribed during school hours and hereby consent to the disclosure of the above personal health information to the Peel District School Board, agents of the Board as appropriate and the Regional Health Department.
- I/We accept the responsibility to hand deliver to the school the medication in the original container from the pharmacy and the instructions to the school.
- I/We acknowledge that the administration of medication by employees or agents of the Board who are not health professionals is being undertaken in the best interests of the students as an accommodation and as such constitutes a risk to the student of possible loss, damage or injury.
- I/We permit the Peel District School Board to contact the signing physician if clarification of the instructions is required.
- I/We have been advised that neither the Peel District School Board nor its employees or agents of the Board will accept responsibility for any loss, damage or injury to my child or his/her family, property arising out of the administration or failure to administer the medication described above.

DATE: _____ PARENT/GUARDIAN'S SIGNATURE: _____

PHONE - HOME: (____) _____ BUSINESS: (____) _____

I have reviewed the above request and support that it follows the guidelines provided by the Medical Officer of Health.

DATE: _____ PRINCIPAL'S SIGNATURE: _____

TO THE PHYSICIAN:

Because school staff have no training in medical procedures, it is the Policy of the Peel District School Board that school staff should not be involved with the administration of medication. As an exception to this policy, for particular pupils who require medication during school hours in order to remain in attendance, medication will be administered according to precise instructions provided by the family physician. Accordingly, the **Administration of Prescribed Medication, Form A** has been developed **in consultation with the Medical Officer of Health**.

Requests for medication must be in keeping with the guidelines provided by the **Medical Officer of Health** for the Region of Peel as follows:

- (i) The request is for:
 - medication for chronic problems (e.g. asthma, epilepsy, hyperactivity, allergies, migraine headaches) which require on-going medication or as in the case with allergy exposure may require administration of medication such as an antihistamine or adrenalin (Epi-Pen/Allerject) on an immediate basis because of exposure;

Note: An "EPI-PEN" (Epi-Pen Jr.) or Allerject is the recommended form of adrenalin medication. (Adrenalin is administered to counteract a severe allergic reaction, i.e. anaphylactic shock, because of exposure to peanuts, bee sting, etc.). A prescription for an "ANA-KIT" cannot be accepted.

OR

- medication like an antibiotic cough suppressant or topical creams required on a short-term basis during an acute infection or acute episode of illness and which must be administered during the day or in the case where a student is unable (due to a developmental or physical disability) to apply topical creams such as sunscreens;
- (ii) the prescribing physician indicates in writing that administration must be given during school hours;
- (iii) specific storage requirements are provided by the prescribing physician;
- (iv) specific instructions are provided to clarify the order "as needed" ("PRN"). Where changes to the medication and/or prescribed dosage are expected (i.e. in the treatment of some asthma patients), the physician should provide a general guideline regarding the treatment plan during normal maintenance periods and acute treatment periods further other instances where a PRN is required , please see section 5 on PRNs;

Please note: In the case of a prescribed medication for agitation or aggression school staff will not make a judgment call as to the administration of the medication but will follow the steps in Section 5 on PRNs. An *Emergency Plan* will be put in place.

Your assistance in providing this important information so that medication can be administered safely is greatly appreciated.

Superintendent of Special Education
Support Services

Superintendent of Leadership Development
and School Support Services