

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 in accordance with the Personal Health Information Protection Act, Municipal Freedom of Information and Protection of Privacy Act, the Education Act and Sabrina's Law, 2005 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: (General Symptoms)			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 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 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 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 and 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 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" (or 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;
- (i) 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;

\* 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 the Operating Procedure *Medications Prescribed as Needed* Protocol

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

Superintendent of Special Education  
Support Services