XXXX: Administration of Medication and Student Health Support (A/P)

Approved: 85 02 05
Amended: 99 06 22
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ADMINISTRATIVE PROCEDURES

1.0 Purpose and Guiding Principles

The Pacific Rim School District is committed to ensuring a safe, inclusive, and equitable learning environment for all students. This Administrative Procedure outlines the responsibilities and procedures for supporting students with health needs—whether temporary or ongoing—during school hours, including the administration or monitoring of physician-prescribed medication.

Support for students' health needs must be provided in a way that:

- Respects each student's dignity, privacy, and developmental stage.
- Recognizes the central role of families in managing their child's health.
- Promotes independence and self-management where appropriate.
- Prioritizes clear communication and collaborative planning among families, school staff, and healthcare professionals.
- Ensures student safety through proper training, documentation, and emergency preparedness.

This procedure applies to all school-based personnel who may be involved in the support, supervision, or administration of health-related care for students.

2.0 Health Information and Medical Alerts

2.1 At the beginning of each school year, schools will ask parents, guardians, or caregivers to update their child's health information using the appropriate forms, including the Medical Alert Form and, if applicable, the Request for Administration of Physician Prescribed Medication Form (see Appendix 1 & 2).

2.2 It is the responsibility of the parent or guardian to inform the school of any health condition that may require precautionary treatment, accommodation, or medication during the school day.

2.3 All medical alert and medication forms should be stored in a confidential, accessible location in accordance with school and district protocols. These forms must be readily available to staff responsible for supporting the student.

2.4 Teachers-teaching-on-call (TTOCs), substitute Education Assistants, and other temporary staff must be informed of any students in their care with significant health needs and provided with instructions or emergency response plans as required.

2.5 When a student transfers to another school within or outside the district, the receiving school must be notified of any existing health alerts or support plans. It is the responsibility of the sending school to ensure that relevant documentation is forwarded in a timely and confidential manner.

3.0 Administration and Monitoring of Medication

3.1 Medication may be administered or monitored by school personnel only when a completed Request for Administration of Physician Prescribed Medication at School Form, signed by the parent/guardian and the prescribing physician, has been received (see Appendix 1 & 2).

3.1.1 This form must be updated at the start of each school year and whenever there is a change in medication, dosage, or administration instructions.

3.1.2 A copy of the signed form must be kept both in the student's file and with the medication in the designated storage area.

3.2 It is the responsibility of the parent or guardian to deliver the medication directly to the school in the original, properly labeled prescription container.

3.2.1 It is the responsibility of the parent or guardian to ensure that the medication remains in supply and is not expired. Schools are not responsible for monitoring expiry dates or requesting refills.

3.3 Medication must be stored securely in a location designated by the principal. Access should be limited to staff responsible for administration or supervision, in accordance with confidentiality and safety protocols.

3.4 A medication administration record must be maintained at the storage location. This record must include the date, time, dosage, and initials of the staff member administering or supervising the medication, along with any relevant observations.

3.5 If concerns arise regarding the administration or effects of medication, the principal should consult with the parent or guardian, and if needed, contact the prescribing physician.

3.6 In cases where a student requires emergency medication (e.g., an epinephrine auto-injector), the principal must ensure that all relevant staff are aware of the student's condition and trained in the appropriate emergency response procedures. Refer to references below for further guidance.

3.7 School staff supervising field trips must be made aware of any students requiring medication and must administer or supervise administration in alignment with this procedure.

3.8 For students who may require emergency medication while riding the school bus, the parent or guardian is responsible for ensuring that appropriate medication is available. The principal must ensure that bus drivers are informed of relevant emergency response protocols. For students with life-threatening allergies, refer to the district's Anaphylaxis Administrative Procedure.

3.9 Non-prescription (over-the-counter) or herbal medications will not be administered by school staff.

3.10 For support with interpreting medical instructions or staff training, school administrators may contact the student's prescribing healthcare provider, connect with the parent/guardian, or consult 8-1-1 or the local Public Health Nurse.

4.0 Life-Threatening Allergies (Anaphylaxis)

For students with life-threatening allergies requiring emergency medication (e.g., epinephrine auto-injectors), schools must follow the procedures outlined in the district's Anaphylaxis Policy and Administrative Procedure, referenced below.

5.0 Support for Students with Ongoing Health Conditions

Some students may have ongoing or chronic health conditions that require accommodations, monitoring, or health-related support during the school day. These conditions can vary widely in nature and severity and may include, but are not limited to:

- Diabetes
- Seizure disorders
- Asthma
- Celiac disease
- Migraines
- Gastrointestinal disorders
- Mental health conditions
- Other autoimmune, neurological, or physical health needs

The school will work in partnership with families, and, when appropriate, healthcare providers, to ensure accurate, individualized, and timely support for students. This includes developing clear plans that outline the condition, required accommodations, emergency procedures (if applicable), and staff responsibilities.

5.1 A documented support plan should be created for students whose health conditions require:

- Monitoring of symptoms or functional impact.
- Avoidance of specific allergens or substances.
- Dietary restrictions or modifications.
- Use of medical devices or equipment.
- Access to rest, hydration, or medication during the day.
- Emergency response planning.

5.2 Plans should be developed collaboratively with the student (when appropriate), family, and school staff. The Public Health Nurse or other community health professionals may be consulted as needed.

5.3 Teachers and other relevant staff must be informed of the plan and any responsibilities they hold in implementing accommodation and support.

5.4 All staff must take reasonable steps to reduce barriers and risks related to the student's medical condition while supporting their full participation in school activities and learning.

5.5 The school should strive to create an inclusive and supportive environment that respects student dignity and privacy and avoids stigmatization related to health conditions.

5.6 Medical support plans should be reviewed at least annually or more frequently if there is a change in the student's health needs.

6.0 Field Trips and Transportation

Field trips and off-site learning activities are an important part of student engagement and development. When a student with health needs is participating in a field trip, families, school staff, and, where appropriate, health professionals must consult together to ensure that appropriate support, accommodations, and emergency planning are in place.

Further guidance is provided in the district's Offsite Experiences/Field Trip Policy and Administrative Procedure.

7.0 Roles and Responsibilities

Supporting students with health needs requires effective collaboration between families, school personnel, and, where appropriate, health professionals. The following outlines the general responsibilities of key individuals involved in providing this support.

7.1 Parents and/or guardians are responsible for informing the school of any health condition that may affect their child's safety, participation, or learning. They must provide updated health information each school year, or whenever there are changes in the child's condition or medication. This includes submitting the required consent forms, supplying properly labeled medications or equipment, and collaborating with school staff in the development of a documented support plan.

7.2 School administrators, including principals, vice-principals, or their designates, are responsible for ensuring that appropriate procedures are followed to identify and support students with health needs. This includes overseeing the secure and confidential storage of health documentation and medications, facilitating staff training, and coordinating the development and review of student support plans in partnership with families. Administrators are expected to ensure that school practices align with district policy, and to designate staff to oversee or support medication administration where needed.

7.3 School Staff (Teachers, Education Assistants, Support Staff)

- Review and follow the documented support plans for students in their care.
- Administer or supervise the administration of medication as authorized and trained.

- Monitor students for signs of health-related difficulties and respond according to the students' plan.
- Maintain accurate records of medication administered or other health-related interventions.
- Participate in planning, training, and communication processes related to student health needs.
- Prepare for and support students with health needs during field trips, special events, and extracurricular activities.

7.4 Students (As Developmentally Appropriate)

- Participate in the management of their health needs when appropriate, based on age, ability, and confidence.
- Communicate with trusted staff if they are feeling unwell or require support.
- Follow agreed-upon routines or plans related to medication or health supports.

7.5 Health Professionals (e.g., Public Health Nurses, Physicians, Dietitians)

- May be consulted to provide guidance on specific health conditions or student needs, with parental consent.

8.0 Forms and Documentation

Schools must maintain up-to-date and accurate documentation to support students with health needs. Parents or guardians are responsible for completing the necessary forms, such as the Medical Alert Form and, where applicable, the Request for Administration of Physician Prescribed

Medication at School, at the beginning of each school year or when a change in the student's health occurs.

Completed forms must be signed, stored securely in a confidential but accessible location, and shared with relevant staff involved in the students' care. Staff administering or supervising medication must keep a record of each dose, including the date, time, dosage, and their initials. All health-related information must be handled in accordance with district privacy policies and applicable legislation.

When a student with a documented health need transfers to another school, staff must ensure that relevant records are forwarded promptly and securely.

A list of standard forms is included in Appendix 1 & 2.

Resources and References

Pacific Rim School District – XXX Policy: Administration of Medication and Student Health Support (P)
Pacific Rim School District – XXX Anaphylaxis (P)
Pacific Rim School District – XXXX Anaphylaxis (AP)
Pacific Rim School District – XXX Opioid Overdose Response (P)
Pacific Rim School District – XXXX Opioid Overdose Response (AP)
Pacific Rim School District – XXX Automated External Defibrillator (P)
Pacific Rim School District – XXXX Automated External Defibrillator (AP)
Pacific Rim School District – XXX Response to Unexpected Health Emergencies (P)
Pacific Rim School District – XXXX Response to Unexpected Health Emergencies (AP)
Policy 303: Student Health Services and Medication Management - North Vancouver School District
School District 43 - Request For Administration of Medication 2024.docx
School District 43 - Medical Alert Form Fillable (002).pdf

XXXX: **Administration of Medication and Student Health Support (AP) – Appendix 1**

Request for Administration of Physician Prescribed Medication Form

IMPORTANT: No medication will be given until this form is completed and returned to the school. It is to be completed by the parent or legal guardian and physician.

Section A – To be completed by PARENT or GUARDIAN

Student's Name:	Date of Birth:
Address:	
School Name:	Grade:
Parent/Guardian 1 Name:	Phone:
Parent/Guardian 2 Name:	Phone:
Emergency Contact:	Phone:
Family Physician's Name:	Phone:

Description of the medical condition requiring medication during school hours:

Section B – To be completed by the PHYSICIAN or licensed medical practitioner (eg: Nurse Practitioner)

Medication Name	Dosage	Directions for use and storage

Additional comments (e.g.: potential side effects, missed doses, or monitoring needs):

I consider the above medication and its administration during school hours to be in the best interest of the student named above. I hereby authorize the school principal or designate to administer the medication as prescribed.

Physician's Signature _____ Date _____

Section C – To be completed by PARENT or GUARDIAN

I hereby authorize the school principal or designate to administer the medication as described above to my child and to contact the physician named above should there be any further questions or concerns. I further authorize the physician to release any information pertinent to this matter.

Parent / Guardian Signature_____ Date_____

Section D – Each school staff member who is responsible for the administration or supervision of the medication must review this information and sign below:

Date:	Signature	Comments

THIS FORM IS ONLY VALID FOR THE CURRENT SCHOOL YEAR

XXXX: **Administration of Medication and Student Health Support (AP) – Appendix 2**

Medical Alert Form

Student Information:

Last Name:	
First Name:	
Grade:	
Date of Birth:	
Care Card #	

Contact Information:

Parent/Guardian 1 Name:	Phone:
Parent/Guardian 2 Name:	Phone:
Emergency Contact:	Phone:
Family Physician's Name:	Phone:

Description of the medical condition requiring support during school hours:

Potential Symptoms or Concerns Requiring Support

Please list any symptoms, warning signs, or situations that may require staff attention during the school day. Examples may include difficulty breathing, loss of consciousness, seizure, vomiting, behavioral changes, etc.

This section helps school staff recognize when the student may need assistance and how best to respond. Families may wish to consult with their healthcare provider when completing this section.

Symptom or Concern	Recommended Response

Is medication needed? ☐ YES ☐ NO	
If yes, what medication?	
Prescribing Physician:	

Parents must complete a **Request for Administration of Physician Prescribed Medication Form** if medication is to be administered at school. No medication will be administered until this form is completed.

It is the responsibility of the parent or guardian to ensure that the medication remains in supply and is not expired. Schools are not responsible for monitoring expiry dates or requesting refills.

I have read and verified that the above information is correct.

Parent/Guardian Name (printed):	Parent/Guardian Signature:	Date:

THIS FORM IS ONLY VALID FOR THE CURRENT SCHOOL YEAR