



# SCHOOL DISTRICT #49 (CENTRAL COAST)

## Administrative Procedures Manual

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### **Administrative Procedure: S-2 Administration of Medicine**

Date: February 17, 2015 Updated: November 30, 2018

Parents may request school staff to administer emergency and/or regularly scheduled medicine. The school will agree to do so in consultation with parent and physician. Medicinal information and a full release from responsibilities will be required.

#### Procedure:

1. It is the parent/guardian's responsibility to complete the Student Medication Administration Form.
2. It is the responsibility of the parent/guardian to provide the school with the medication in proper containers with expiry date.
3. It is the responsibility of the principal to ensure that identified staff have access to the emergency medicine and are aware of procedures pertaining to administration of this medicine.
4. A record indicating date, time, dosage and the name of the person administering the medication shall be kept in the school.
5. In the event of administration of medication in an emergency, a record will be kept describing the situation and the circumstances surrounding the administration of the medication. The record will be kept in the school and parents will be notified as soon as possible.



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### MEDICATION ADMINISTRATION FORM

(This portion to be completed by School Administrative Officer)

Student's Name: \_\_\_\_\_ P.E.N. Number: \_\_\_\_\_

Medication	Dosage	Frequency/Time
1.		
2.		
3.		

Check and Initial	Check	Initial
Approval of Principal to Administrator		
Health Unit		
Medical Alert Card Completed		
Employee has been trained by Health Unit in administration of this medication Employee Name: _____ Date: _____		
Name of Alternate: _____		
Medication is stored in a locked storage place		
Physician's Name: _____		

(This portion to be signed by Physician and Parent or Guardian)

I consider the above medication and administration thereof during the school day to be in the best interest of the above named student, and hereby authorize its administration by the school principal or his/her designate.

Attending Physician: \_\_\_\_\_

I hereby authorize the school principal or his/her designate to administer the medication as described above to my son/daughter 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.

Signature of Parent/Guardian: \_\_\_\_\_



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### INCOMING MEDICATION

MEDICATION	QUANTITY RECEIVED	DOSAGE	DATE
1			
2			
3			

