

**THE PROTESTANT SEPARATE SCHOOL BOARD  
OF THE TOWN OF PENETANGUISHENE**

**POLICY MANUAL**

---

**POLICY TITLE:**

**SECTION/CODE:**

**Administration of Medication and Addressing Medical  
Conditions in the School Setting**

**School Operations D – 19a**

---

**APPROVAL DATE:**

**SUPERSEDES:**

**NUMBER OF PAGES:**

**November 26, 2019**

**March 18, 2013**

**Page 1 of 6**

---

**POLICY STATEMENT**

It is the policy of the Protestant Separate School Board of the Town of Penetanguishene to establish guidelines for responding to students with life-threatening and non-life-threatening medical conditions and for the administration of medication in the school setting.

**REFERENCES**

-Policy/Program Memorandum No. 161 - Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools.

-Sabrina's Law (An Act to Protect Anaphylactic Pupils 2005)

-Bill 20, Ryan's Law (Ensuring Asthma Friendly Schools), 2015

**ADMINISTRATIVE PROCEDURES**

**Roles and responsibilities:**

**1. Principal/Designate Responsibilities**

The principal/designate shall:

- 1.1 notify the school community, **annually**, of parent/guardian responsibility to inform the school regarding medical conditions and any requirements for administration of medication (D19a FORM 1 Emergency/Medical Information);
- 1.2 upon completion of Form 1 which identifies the need for emergency response to a life-threatening condition, the principal/designate will provide the parent/guardian with the appropriate forms based on the information provided e.g. D19a FORM 2 or appropriate Plan of Care Form from Policy D19b. When forms are fully completed and returned to the school, the principal/designate in consultation with the parent/guardian and the student, shall review the forms and develop further procedures as appropriate.
- 1.3 use the information provided on the Student Emergency/Medical Information form to work with parents/guardians/, to develop a medical emergency response plan based on physician's instructions (developed and reviewed annually) for each student with a life-threatening condition ('medically at risk');

**THE PROTESTANT SEPARATE SCHOOL BOARD  
OF THE TOWN OF PENETANGUISHENE**

**POLICY MANUAL**

---

**POLICY TITLE:**

**Administration of Medication and Addressing Medical  
Conditions in the School Setting**

**SECTION/CODE:**

**School Operations D – 19a**

---

**APPROVAL DATE:**

**November 26, 2019**

**SUPERSEDES:**

**March 18, 2013**

**NUMBER OF PAGES:**

**Page 2 of 6**

---

- 1.4 communicate the medical emergency plan to the appropriate staff, and post it in a designated location(s);
- 1.5 where each 'medically at risk' student is transported to and from school, the principal/designate, send a copy of relevant medical forms to the transportation company who will then inform and train their vehicle operators. The principal shall ensure the medical emergency plan follows the student in the event of a bus route change;
- 1.6 in conjunction with staff, establish safe procedures for field trips and extra-curricular activities;
- 1.7 ensure the administration of medication where such medication has been prescribed for use during school hours, according to the completed Medication Procedures form (D19a FORM 2), which has been signed by a parent/guardian and a qualified medical practitioner;
- 1.8 ensure that a student's medical emergency information is entered into the student information system (Maplewood) in the required fields to allow the proper reports to be generated. The completed medical forms shall be placed in the Ontario Student Record Documentation File and forwarded when the student transfers to another school. It is the responsibility of the parent/ legal guardian to advise the principal/designate and complete forms at the new school to ensure that an appropriate plan is developed.

## **2. Teachers**

Teachers shall:

- 2.1 include, where appropriate, information for occasional staff regarding medical information and medication,
- 2.2 with parent/guardian permission discuss with the class, in age-appropriate terms, the needs of the student with any life-threatening condition, and how they can support the student;
- 2.3 follow the school policies for reducing risk in classroom and in common areas;
- 2.4 plan to ensure that any student's specific medical needs are managed throughout the day and on school sponsored activities (e.g., field trips, sporting events).

**THE PROTESTANT SEPARATE SCHOOL BOARD  
OF THE TOWN OF PENETANGUISHENE**

**POLICY MANUAL**

---

**POLICY TITLE:**

**Administration of Medication and Addressing Medical  
Conditions in the School Setting**

**SECTION/CODE:**

**School Operations D – 19a**

---

**APPROVAL DATE:**

**November 26, 2019**

**SUPERSEDES:**

**March 18, 2013**

**NUMBER OF PAGES:**

**Page 3 of 6**

---

**3. Responsibilities of the School Community**

- 3.1 respond cooperatively to requests from the school to eliminate allergens;
- 3.2 follow school rules about washing hands and keeping allergens out of the classroom.

**4. Responsibilities of Parents/Guardians**

- 4.1 notify the principal/designate, in writing, of the student's condition at the beginning of each school year, or, whenever a student's need is identified, by fully completing and returning the Emergency/Medical Information form (D19a FORM 1). Where medication is required, such administration of medication is at no cost to the Protestant Separate School Board;
- 4.3 consult with their family physician where medication is required;
- 4.4 supply the medication, rendered child-proof where feasible, in a clearly labeled original container bearing:
  - 5.3.5.1 the student's name;
  - 5.3.5.2 the type/name of the medication, dosage and instructions for use;
  - 5.3.5.3 the name of the prescribing physician;
  - 5.3.5.4 the stale date or shelf life for the prescribed medication.
- 4.5 follow the principal/designate direction with regard to the quantity of medication which is deemed appropriate and reasonable to be stored at school for each student;
- 4.6 to notify the principal/designate if medication should require change;
- 4.7 replace the medication upon expiry of the shelf-life date according to label instructions and take back any unused medication at the end of the school year;
- 4.8 make arrangements for safely transporting the medication to and from the school;

**THE PROTESTANT SEPARATE SCHOOL BOARD  
OF THE TOWN OF PENETANGUISHENE**

**POLICY MANUAL**

---

**POLICY TITLE:**

**Administration of Medication and Addressing Medical  
Conditions in the School Setting**

**SECTION/CODE:**

**School Operations D – 19a**

---

**APPROVAL DATE:**

**November 26, 2019**

**SUPERSEDES:**

**March 18, 2013**

**NUMBER OF PAGES:**

**Page 4 of 6**

---

4.9 teach the student:

4.9.1 to recognize the first symptoms of the condition;

4.9.2 to know where the medication is kept;

4.9.3 to communicate clearly when they feel a reaction starting;

4.9.4 to not share snacks lunches or drinks of other students;

4.9.5 the importance of hand washing;

4.9.6 to take as much responsibility as possible for their own safety;

4.9.7 to avoid known allergens;

4.9.8 when applicable, how to self-administer medication, adhering to proper procedures;

4.9.9 to be responsible, when age-appropriate, to present themselves to receive their medication

## **5. Authorization**

5.1 The Emergency/Medical Information Form (D19a FORM 1) and the Medication Procedures Form (D19a FORM 2) provide the school with the information necessary to develop a medical emergency plan for the student (if applicable), and, for the administration of medication. The Medication Procedures Form must be signed by the parent/guardian, and/or a doctor. It is valid only **for the school year for which the request is made.**

5.2 a parent/guardian may cancel the authorization only by notifying the principal/designate in writing.

## **6. Administration of Medication in Schools**

6.1 the principal/designate in consultation with the parent/guardian will develop a school plan for the administration of medication. The plan will include:

6.1.1 the name(s) of trained staff who will assist with administration of medication;

**THE PROTESTANT SEPARATE SCHOOL BOARD  
OF THE TOWN OF PENETANGUISHENE**

**POLICY MANUAL**

---

**POLICY TITLE:**

**SECTION/CODE:**

**Administration of Medication and Addressing Medical  
Conditions in the School Setting**

**School Operations D – 19a**

---

**APPROVAL DATE:**

**SUPERSEDES:**

**NUMBER OF PAGES:**

**November 26, 2019**

**March 18, 2013**

**Page 5 of 6**

---

- 6.1.2 the name(s) of those persons who need to know that the student requires and/or is receiving medication and the action to be taken

**7. Guidelines for the Development of the Administration of Medication Plan**

- 7.1 unless otherwise arranged with the student or parent/guardian of a student, all medication (excluding auto injectors) shall be in clearly labeled original containers and kept in a lockable, secured storage area with: 1) the list of students who are to receive it; 2) the list of the person(s) trained to administer it. Custody of the key and backup key(s) shall be determined by the principal/designate bearing in mind the need to plan for staff absences and emergencies. These details shall be included in the plan;
- 7.1.1 unless otherwise arranged with the student or parent/guardian of a student, students shall report to one location within the school to receive the medication;
- 7.1.2 the form Record of Administration of Medication (D-19a FORM 3) shall be used by the staff administering the medication;
- 7.1.3 the principal/designate shall disclose the list of students requiring medication and the person(s) trained to administer it to the administrative assistant, those involved in administering it, and any other personnel identified in the plan who need this information to carry out their duties;
- 7.1.4 safely secure all medication to be retained in the possession of the student so that it is not accessible to other students, or secure the medication, through the principal/designate, in a lockable storage area keeping in mind supervision, temperature and exposure to light requirements;
- 7.1.5 for those students who self-administer medication, the criteria on “D19a FORM 2” must be followed;
- 7.1.6 auto injectors are clearly labelled, stored in students classroom, accessible to all staff and may on permission of the parent/guardian be carried by the student
- 7.1.7 A secondary auto injector will be accessible at all times and will be stored in a central location

**THE PROTESTANT SEPARATE SCHOOL BOARD  
OF THE TOWN OF PENETANGUISHENE**

**POLICY MANUAL**

---

**POLICY TITLE:**

**SECTION/CODE:**

**Administration of Medication and Addressing Medical  
Conditions in the School Setting**

**School Operations D – 19a**

---

**APPROVAL DATE:**

**SUPERSEDES:**

**NUMBER OF PAGES:**

**November 26, 2019**

**March 18, 2013**

**Page 6 of 6**

---

- 7.1.8 the principal/designate shall assign appropriate personnel to administer medication. School staff members are not expected to administer injections other than auto injectors. Any training, if/when necessary, is to be provided to staff and/or volunteer(s) (as applicable) by qualified personnel;
- 7.1.9 if a trained person is unavailable at the time of an emergency, under Ontario law anyone who stops to help another in an emergency has the law on their side. What the law looks for is a common sense, cautious approach. Once a person has accepted responsibility for giving emergency assistance to a victim of an accident or illness, he/she must continue to give help until another person (preferably one with medical training) is able to take over;
- 7.1.10 when self-administering medication, parent/guardian permission is required;
- 7.1.11 syringes, including those which are self-administered by the student, shall be disposed of in a sharps container (Appendix A);
- 7.1.12 the principal/designate shall ensure that a record of the medication administered in an emergency situation shall be recorded on the Record of Administration of Medication Form (D19a FORM 3).

**8. Planning for School Sponsored Activities / Field Trips**

- 8.1 the principal/designate will ensure that staff is aware of policies and procedures regarding administration of medication and dealing with a medical emergency when the student is participating in a school-sponsored activity away from school.  
(Refer to Board Policies: D-11, Student Field Trips and Excursions; D-19b, Supporting Students with Prevalent Medical Conditions . . .)

**EMERGENCY/MEDICAL INFORMATION**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Health Card #: \_\_\_\_\_

**Emergency Contacts**

(Persons to whom your child may be released if unable to contact parent/guardian)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Medical/Health Data** The student has **NO** medical or physical condition, which may impede full and safe participation in school programs or extra-curricular activities. The student has medical or physical condition(s), which may require attention during school programs or extra-curricular activities.**\*The school/parent/guardian will complete the relevant Plan of Care Form****Is the condition life-threatening? Yes \_\_\_ No \_\_\_****If yes check the appropriate box below:** Anaphylaxis  Asthma  Diabetes  Epilepsy  Heart Condition  Other**The student is allergic to medication  Yes  No****If yes, name the medication \_\_\_\_\_**

Does your child wear a medical alert symbol? Yes \_\_\_ No \_\_\_

**Parental Concerns:**

Vision \_\_\_ Speech \_\_\_ Hearing \_\_\_ Eating \_\_\_

Prosthesis (hearing aid, brace, contact lens) \_\_\_ Self-Regulation \_\_\_ Toileting \_\_\_

Other: \_\_\_\_\_

**Medication/Procedures to Follow:**

Does your child take any medication on a regular and continuing basis? Yes \_\_\_ No \_\_\_

Please complete D19a FORM 2

**MEDICATION PROCEDURES**

**CONSENT FORM  
TO CARRY AND/OR ADMINISTER MEDICATION**

TO BE SIGNED BY PARENT/GUARDIAN

**ADMINISTRATION OF MEDICATION**

In the event of my child \_\_\_\_\_ requiring medication (prescribed or over the counter), I consent to the administration of \_\_\_\_\_ (specify type of medication ) by an employee of the The Protestant Separate School Board of the Town of Penetanguishene Separate School Board of the Town of Penetanguishene as prescribed by the physician, or as directed by the package/label. All original packaging of medication must be provided.

All medication will be stored in a secured location.

**PLEASE PRINT**

Class/Teacher: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

Date: \_\_\_\_\_

**SELF ADMINISTRATION OF MEDICATION**

I give my child permission to carry their own medication Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, I understand that it is the responsibility of my child to carry \_\_\_\_\_ (specify type of medication) on their person.

My child understands that this medication is for their personal use only-to be stored safely and not to be shared.

**PLEASE PRINT**

Student's Name: \_\_\_\_\_

Class/Teacher: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

Date: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Physician Phone #: \_\_\_\_\_





**Burkevale Protestant Separate School  
Record of Administration of Medication**  
School Year \_\_\_\_\_

**Note: Medication shall only be administered by school personnel at school and at school sponsored events when the required permission forms have been completed (See Form #2: Medication Procedures).**

**\*\*Please indicate when medication is not administered because of student absence\*\***

Student: \_\_\_\_\_ School: \_\_\_\_\_

Date	Time	Name of Medication	Amount Dispensed	Amount Remaining	Print Name of Person Administering Medication	Initials



## **APPENDIX A**

### ***SHARPS DISPOSAL (e.g., Needles, Syringes)***

A lockable cabinet for disposing of sharps is located in the school in a place determined by the principal. The unit carries appropriate content warning labels and provides for the safe disposition and interim storage of sharps.

1. Do not recap the needle.
2. Pick up the needle carefully wearing gloves, and hold away from body.
3. Pick up needles by the syringe end.
4. Place needle and syringe in the receiving slot of the rigid plastic container.
5. Ensure the container is labelled as to contents.
6. Do not add bleach or disinfectant.
7. Store the closed container in the lockable storage cabinet.
8. When the container is full, seal the receiving slot with tape.
9. Call or bring the container to the health unit. The needles may also be taken to the police, hospital emergency department, or a hazardous waste disposal site.