

SCHOOL DISTRICT 82 (COAST MOUNTAINS)

Educational Administration

2230: Treatment of Students with Medical Problems

Policy

Medication to be administered should not require any special skill or knowledge on the part of the principal or his/her delegate.

Except in emergency situations, teachers, on a volunteer basis, should administer (or supervise the self-administration of) medication to students only if the following conditions are met.

Regulations

1. Conditions:
 - a) The medication must be required while the child is attending school.
 - b) The parent or guardian has requested the school's assistance and has signed a release concerning administration by the teacher. (See attached 'Letter of Authority—Medication'.)
 - c) Written authorization has been received from an attending physician.
 - d) The Public Health Nurse assigned to the school has been informed so that he/she may complete a medic alert card.
 - e) The teacher has received adequate instructions from the Public Health Nurse concerning the administration of the medication.
2. The Board shall provide in each school a supply of disposable gloves and disinfectant.
3. The Board will ensure that the Workplace Hazardous Materials Information System (WHMIS) will be implemented at all school sites and work places in the school district.



OAST MOUNTAINS SCHOOL DISTRICT 82

3211 Kenney St., Terrace, B.C. V8G 3E9 (250) 635-4931 or 1-800-665-6134 fax: (250) 635-4287

MEDICATION ADMINISTRATION FORM (POLICY 2230)

(This side to be completed by School Administrative Officer)

Students Name: _____ P.E.N. Number: _____

Medication	Dosage	Frequency/Time
1		
2		
3		

Check and Initial	Check	Initial
Approval of Principal to Administrator		
Skeena Health Unit		
Medical Alert Card Completed		
Employee has been trained by Health Union in administration of this medication Employee Name: _____ Date: _____ Name of Alternate: _____		
Medication is stores in a locked storage place		
Medication in Blister Pack (if not, explain): _____ _____		
Physician's Name: _____		

I consider that 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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