

AP 328 – Administration of Medication to Students

Background

The purpose of this procedure is to provide guidelines for administering medication to students at school.

Procedures

1. The administration of medication in the school environment shall only occur where no other options are available, and where the school has received complete information from the parent/guardian about the medication. The principal, or designate, is responsible for the administration of medication to students.

2. Annual Communication with Parents / Guardians

The following message will be communicated to the parents/guardians at the beginning and end of each school year in the first and last regular newsletter. Inclusion in student agendas or planners is encouraged.

“Re: Administration of Medication to Students at School

We are trying to maintain a uniform, safe, and efficient way of dispensing medication at school. If your child requires medication at school and you have not filled out the required form “[Request for Administration of Medication at School](#)”, please contact your principal and request a form. Please have the form completed by your doctor, sign it yourself and return it to the school as soon as possible. This procedure complies with District Procedures regarding medication to be taken at school. This form refers to medication taken on a regular or emergency basis. If there are any questions, please contact the school.”

3. Requirements for Schools

3.1 This procedure only applies for students who require adult support for the administration of medication at school.

3.2 Students who are diagnosed ‘at-risk’ anaphylactic or anaphylactic must also refer to [AP 330 – Allergic Shock \(Anaphylaxis\)](#)

3.3 The principal will arrange with the parent to have the [AP 328-1 Request for Administration of Medication at School](#) completed by the parent/guardian **and** physician.

3.4 The principal will arrange a meeting involving the parent/guardian and all school personnel who may be called upon to administer the medication. A written procedure for administering and recording medication taken should be agreed upon at the meeting and distributed to the parents/guardian and to the school.

3.5 If training is required, the parent/guardian and principal will arrange to have it done. The Learning Support Services Helping Teacher for each school will be able to inform of the nurse or other agency to contact for assistance.

4. Storage and Logging of Administration of Medication

4.1 If the school is required to store medication on school premises, the parent/guardian shall be informed that he/she is responsible for delivering the medication to the school in a properly labeled prescription container and for replacing medication that has reached its “expiry date”. The school must keep the medication in a locked cupboard in a place inaccessible to students and will inform parents when the expiry date is approaching.

4.2 A log shall be kept in the school stating the name of the student, the date and time of usage of the medication, circumstances surrounding its administration, and any other pertinent information. Each log entry is to be signed by the person administering the medication.

5. Additional Requirements

5.1 Parents are responsible to teach their child(ren) about the importance of their medication and the symptom(s) of their condition that may require treatment.

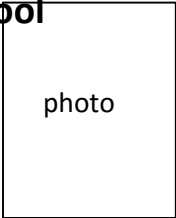
5.2 Parents/guardians shall provide a medical alert bracelet to be worn by the student at all times.

Appendix [AP 328-1 Request for Administration of Medication at School](#)

References [AP 326 – Student Illness or Injury at School](#)
[AP 327 – Medical Alert Conditions](#)
[AP 330 – Allergic Shock \(Anaphylaxis\)](#)

AP 328-1 Request for Administration of Medication at School

A. (STUDENT NAME) _____
Surname Given Name



B. TO BE COMPLETED BY PRESCRIBING PHYSICIAN (Condition(s), which make medication necessary)

Name of Medication	Dosage	Directions for Use
1.		
2.		
3.		
4.		

(Additional comments – possible reactions, consequences of missing medication, etc.)

 Physician's Signature

 Date

C. TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

I request the school to give medications as prescribed on this form to my child whose name is recorded below

I will notify the school promptly of any changes in medications ordered

 Name of Child

 Signature of Parent/Legal Guardian

 Date

D. Each School Staff Member who is responsible for the administration or supervising of the medication must review the information on this form, then date and sign below.

Date	Signature	Comments