

**ADMINISTRATION OF MEDICATION AND/OR MEDICAL  
PROCEDURES TO STUDENTS  
POLICY**

The Halifax Regional School Board believes that,

1. In general, school personnel should not be involved in the administration of medication and/or medical procedures to students. Parents or guardians are responsible for making arrangements to eliminate the need for staff to be involved in the administration of medication and medical procedures to students.
2. Where a physician or health care professional has deemed medication can be administered outside of school hours; it is the parent's responsibility to administer the medication. Where required medication has not been administered to students before their attendance at school, parents or guardians may be contacted by the school and the student returned home for the remainder of the day, or alternate arrangements shall be made by the parent/guardian for the care of the student or administration of necessary medication.
3. Situations may arise where, in the opinion of a healthcare professional, a student requires medication and/or medical procedures during the school day that do not require administration or intervention by a licensed health care provider. In such cases, the Halifax Regional School Board may authorize school personnel to administer prescribed medications and/or medical procedures to students under the direction of the school principal.
4. The Halifax Regional School Board is not liable for failing to administer medication if parents or guardians have not delivered medication in sufficient dosage to the school. Parents or guardians must ensure the prescribed medication in sufficient amounts and appropriate for storage is available at the school on every day that the medication is to be administered to a student. Lack of medication in the correct dosage may result in a student being returned home to the parent or guardian for the remainder of the day.
5. Procedures for the administration of medications prescribed by a licensed physician will comply with relevant sections of the Nova Scotia *Pharmacy Act*.
6. Emergency situations may arise where it may be necessary for school personnel to administer emergency first aid and/or cardiopulmonary resuscitation (CRP) to students.

7. School personnel have the right to refuse a request to administer medications and/or medical procedures to students, unless such roles are specifically defined in their job description.

**ADMINISTRATION OF MEDICATION AND/OR MEDICAL  
PROCEDURES TO STUDENTS  
PROCEDURES**

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**1.0 ADMINISTRATION OF PRESCRIPTION ORAL MEDICATIONS TO STUDENTS**

**1.1 Responsibilities of Parents and Guardians**

- 1.1.1 Parents or guardians must ensure the prescribed medication in sufficient amounts and appropriate for storage is available at the school on every day that the medication is to be administered to a student. Lack of medication in the correct dosage may result in a student being returned home to the parent or guardian for the remainder of the day. The Halifax Regional School Board is not liable for failing to administer medication if parents or guardians have not delivered medication in sufficient dosage to the school.
- 1.1.2 Parents/guardians requesting school personnel to administer prescription medications must do so in writing, by fully completing Form A and returning it to the Principal. This must be done before any prescription medications may be administered by school personnel. Form A must be completed annually or when medication and/or dosages change.
- 1.1.3 Section 1 of Form A must include the name of a parent/guardian or other designated adult who will be available at all times as a contact person in the case of an emergency.
- 1.1.4 Section 2 of Form A must also be completed by the student's parent or guardian to provide the school with all instructions pertinent to the administration of the medication including copies of any written information provided by the pharmacy including, but not limited to:

- a. The name of the medication

- b. The dosage
- c. The frequency of administration
- d. The time and method of administration
- e. Storage and safekeeping requirements
- f. Any possible side effects
- g. The dates for which the parental authorization applies (Duration of treatment).

1.1.5 Once the appropriate forms have been received by the school, parents/guardians will provide the Principal with the prescribed medication in the original container administered by the pharmacy, including a legible pharmacy label with the student's name, the name of the medication and prescribed dosage.

1.1.6 In the event that the prescribed medication, the amount or frequency of dosage, handling or storage requirements change from instructions provided in the original Form A, parents/guardians will notify the principal with a written letter and associated documentation from the health care professional or by completing a new Form A, Section 2.

1.1.7 Where required medication has not been administered to students before their attendance at school, parents or guardians may be contacted by the school and the student returned home for the remainder of the day, or alternate arrangements shall be made by the parent/guardian for the care of the student or administration of necessary medication.

1.1.8 For prescribed medications that do not require refrigeration, no more than two week's dosage will be stored in the school at anytime and in the event that medication remains following the end of the treatment period, parents/guardians will be responsible for discarding it.

## **1.2 Responsibilities of Principals**

1.2.1 Principals will ensure that no medications are administered to students until a completed Form A is received and signed by a parent/guardian. The medication must be received in its original container administered by a pharmacy and include a legible pharmacy label with the student's name, the name of the medication, the dosage, frequency and method of administration.

1.2.2 Upon receipt of the appropriate form and prescribed medication(s), principals will:

1.2.2.1 Assign a staff member(s) who willingly and knowingly accepts the responsibility for the administration of the prescription medication(s).

- 1.2.2.2 Ensure that all medication(s), with the exception of medication requiring refrigeration, are stored in a locked cabinet with individual containers for each student that are clearly marked with the information required under section 1.1.4.
- 1.2.2.3 Take all steps necessary to store medications requiring refrigeration in a secure location where access is limited to staff only and ensure that all containers are clearly marked with the information required under section 1.1.4.
- 1.2.2.4 Ensure that the prescription medication(s) are administered in a manner that respects the student's dignity, allows for sensitivity and privacy, and encourages the student to take an appropriate level of responsibility for his or her medication.
- 1.2.2.5 Maintain a record of all medications and dosages to be administered during the school day (Form A) and ensure that Form C is completed daily and retained in an area designated by the principal. On days when the student is absent, Form C should reflect the absence.
- 1.2.2.6 The record of administration (Form C) will include:
  - a. the pupil's name
  - b. parent(s) name(s) and home and emergency telephone numbers
  - c. name and number of health care professional prescribing the medication
  - d. date and times of provision
  - e. dosage given
  - f. name of the person administering and supervising
- 1.2.2.7 When written directions from the student's health care professional indicate that serious medical consequences could result from failure to administer the medication(s) according to an exact schedule or specific manner prescribed, the principal or designated school personnel will ensure that the administration is witnessed by another staff member and recorded on Form C.
- 1.2.3 When prescribed medication in sufficient dosage is not available in school for administration to the student, the Principal or their designate will contact the parent or legal guardian by telephone to require them to immediately transport the medication to school or arrange for the student's return to home for the remainder of the day. Where failure to administer the medication will be detrimental to the student's health (according to the advice of the health care professional) the Principal may be required to contact emergency medical personnel to support the health of the student.

- 1.2.4 All forms relating to the administration of prescription medications will be retained by the school administrator for one year beyond the end of the school year to which the record pertains.
- 1.2.5 Principals will ensure that the appropriate forms are provided to the school bus service provider when required.

**2.0 ADMINISTRATION OF NON-PRESCRIPTION ORAL MEDICATION TO STUDENTS**

- 2.1 Unless prescribed by a health care professional, over the counter medications will not be provided or administered to students by school personnel.
- 2.2 Schools may prohibit students from bringing non-prescription medications to school and self-administering during the school day. In such cases, the school will communicate this policy to parents annually.
- 2.3 Parents/guardians requesting school personnel to administer prescribed over the counter medications to students must notify the Principal in writing by ensuring that Form A is fully completed with the signature from the parent/guardian.
- 2.4 Section 1 of Form A must include the name of a parent/guardian or other designated adult who will be available at all times as a contact person in the case of an emergency.
- 2.5 Section 2 of Form A must also be completed by the student's parent/guardian and must include all instructions pertinent to the administration of the medication including:
  - a) The name of the medication
  - b) The dosage
  - c) The frequency of administration
  - d) The time and method of administration
  - e) Storage and safekeeping requirements
  - f) Any possible side effects
  - g) The dates for which the parental authorization applies (Duration of treatment).
- 2.6 Once the appropriate forms have been received by the school, parents/guardians must provide the Principal with the prescribed medication in the original container.
- 2.7 In the event that the prescribed medication, the amount or frequency of dosage, handling or storage requirements change from instructions provided in the original Form A, parents/guardians must notify the principal with a written letter or by completing a new Form A.

### **3.0 ADMINISTRATION OF PRESCRIPTION INHALED MEDICATION TO STUDENTS**

- 3.1 A request by a parent/guardian for a student under the age of sixteen to administer his or her own medication by inhalation (“puffer”) must be made in writing, by fully completing Form D with a signature from a parent/guardian.
- 3.2 Section 1 of Form D must include the name of a parent/guardian or other designated adult who will be available at all times as a contact person in the case of an emergency.
- 3.3 Section 2 of Form D must also be completed the by the student’s parent/guardian to provide the school with all instructions pertinent to the administration of the medication including copies of any written information provided by the pharmacy including but not limited to:
  - a. The name of the medication
  - b. The dosage
  - c. The frequency of administration
  - d. The time and method of administration
  - e. Storage and safekeeping requirements
  - f. Any possible side effects
  - g. The dates for which the parental authorization applies.
- 3.4 Schools may require puffers to be stored in the school office. In such cases, the school will communicate this requirement to parents and students annually.
- 3.5 In the event that the prescribed medication, the amount or frequency of dosage, handling or storage requirements change, parents/guardians will notify the principal and complete a new Form D, Section 2.

### **4.0 NON-EMERGENCY INJECTIONS (E.G. INSULIN)**

- 4.1 The injection of medication in non-emergency situations will be administered only by licensed health professionals, the parent/guardian or self-administered by an authorized student.
- 4.2 School personnel will only ensure that space is provided so that the injection of medication can be administered in a manner that respects the student’s privacy.
- 4.3 The disposal of sharps will follow procedures outlined in s.3.9 of the Halifax Regional School Board’s Health and Safety Manual.

### **5.0 EMERGENCY INJECTIONS – LIFE THREATENING ALLERGIES**

- 5.1 The injection of prescription medication for Anaphylaxis will be administered according to the Halifax Regional School Board's Life Threatening Allergies Policy (B.007).

## **6.0 MEDICAL CARE – MEDICALLY RELATED PROCEDURES**

### **6.1 Responsibilities of Parents and Guardians**

- 6.1.1 Parents/guardians requesting school personnel to perform non-emergent medically related procedures (e.g. glucose testing, tube feeding, or catheterization) and emergency procedures related to a pre-existing condition must do so in writing, by fully completing Form B.
- 6.1.2 Section 1 of Form B must include the name of a parent/guardian or other designated adult who will be available at all times as a contact person in the case of an emergency.
- 6.1.3 Section 2 of Form B must be completed by the student's physician and provide certification that such procedures can be performed by persons without medical training.
- 6.1.4 Section 2 of Form A must also be completed by the student's physician to provide the school with all instructions pertinent to the administration of required procedures.
- 6.1.5 Once the appropriate forms have been received by the school, parents/guardians will provide the Principal with any supplies required to carry out the procedure.
- 6.1.6 In the event that the medical procedure or procedures change from instructions provided in the original Form B, parents/guardians will notify the principal with a written letter from the student's physician or by completing a new Form B.

### **6.2 Responsibilities of Principals**

- 6.2.1 Principals will ensure that no medical procedures are administered to students until a completed Form B is received and signed by both parent/guardian and physician.
- 6.2.2 Upon receipt of the appropriate form, principals will:
- 6.2.2.1 Assign a staff member(s) who willingly and knowingly accepts the responsibility for the administration of the required procedure(s).



6.2.2.2 Ensure that the procedures(s) are administered in a manner that respects the student's dignity, allows for sensitivity and privacy and encourages the student to take an appropriate level of responsibility for his or her own medical procedure..

6.2.2.3 Maintain a record of all procedures to be administered during the school day (Form B) and ensure that Form C is completed daily and retained in an area designated by the principal. On days when the student is absent, Form C should reflect the absence.

6.2.2.4 When written directions from the student's physician indicate that serious medical consequences could result from failure to administer the procedures(s) according to an exact schedule or specific manner prescribed, the principal or designated school personnel will ensure that the administration is witnessed by another staff member and recorded on Form C.

6.2.3 All forms relating to the administration of medical procedures will be retained by the school administrator for one year beyond the end of the school year to which the record pertains.

6.2.4 Principals will ensure that the appropriate forms are provided to the school bus service provider when required.

### **6.3 Emergency Medical Care and Student Transportation**

6.3.1 Parents/guardians of any student who is bussed to school and may require **emergency** physical care while traveling to school, must complete Form B and provide the school principal with a current photograph of the student.

6.3.2 School principals will inform the Coordinator of Student Transportation of any student who may experience medical difficulties while traveling on the school bus. The principal will also forward a copy of Form B and a current picture of the student to Coordinator of Student Transportation on an annual basis and/or as the need arises.

6.3.3 The Coordinator of Student Transportation will forward all documents to the transportation provider and will inform them of any medical training/in-servicing required for bus drivers.

## **7.0 MEDICAL EMERGENCIES**

7.1 In the event of an accident or serious injury, school personnel will use their knowledge and skills to the best of their ability to help the student.

- 7.2 In addition to direct response by staff to the student in an emergency situation, school personnel will take the following steps (not necessarily in the order listed):
  - 7.2.1 Contact the student's parent/guardian to inform them of their child's condition.
  - 7.2.2 Where necessary, arrange for emergency intervention by medical personnel.
  - 7.2.3 Where necessary, arrange for transportation to a hospital by ambulance and accompany the student in the absence of his or her parent/guardian.
  - 7.2.4 Remain with the student until such time that medical assistance is available or the student's parent/guardian arrives.
- 7.3 First aid kits must be available in all schools and accompany students on field trips.

Form A  
Administration of Prescribed Medication to Students

**SECTION 1 – TO BE COMPLETED BY PARENT/GUARDIAN**

**Student Information**

Name of Student: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

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

Grade: \_\_\_\_\_

**Emergency Contact Information (for a designated parent/guardian who is available at all times)**

Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

I hereby request, authorize and empower the Halifax Regional School Board to administer medication as described herein to the student named above. I release any staff member and the Halifax Regional School Board from any legal liability that may result from the administration of such medication. I also agree to indemnify the Halifax Regional School Board against claims at any time made by the student name or by MSI arising out of the administration of medication described herein. I also understand that no more than two week's dosage of the medication(s) is to be in the school at any time and that I am responsible for completing this form in the event that the prescribed medication, amount or frequency of dosage, handling or storage requirements change.

I acknowledge and understand that as a parent or guardian I am responsible to ensure there is medication in sufficient amount and dosage to meet the needs of the student everyday the student is in school and requires the medication to be administered. I also understand and agree that if there is insufficient medication at the school I will be contacted to make arrangements to transport new medication to the school, or to make alternate arrangements for the care of the student for the remainder of the school day. I hereby release any staff member in the Halifax Regional School Board from any legal liability that may result from insufficient amounts of medication being available at the school for administration to the student."

If my child is bussed to school, I also understand that I must provide a current photo of him/her for the purpose of providing all information contained herein to the transportation provider.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## SECTION 2 – TO BE COMPLETED BY PARENT/GUARDIAN

Name of Student \_\_\_\_\_

Name of Medical condition(s) requiring treatment during school hours: \_\_\_\_\_

Note: Where possible, parents are asked to establish a schedule for the administration of medication outside of the school day.

	Medication #1	Medication #2	Medication #3
Name of medication			
Required intervention	<input type="checkbox"/> Administer <input type="checkbox"/> Monitor	<input type="checkbox"/> Administer <input type="checkbox"/> Monitor	<input type="checkbox"/> Administer <input type="checkbox"/> Monitor
Dose of Medication			
Frequency			
Time(s) medication to be given during school hours			
Possible side effect(s) of medication			
Course of action in response to side effect(s)			
Storage Requirements for medication			
Duration of treatment (start-finish dates)			
Date when medication first prescribed			

Form B  
Administration of Medically Related or Emergency Medical Procedures

**SECTION 1 – TO BE COMPLETED BY PARENT/GUARDIAN**

**Student Information**

Name of Student: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

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

Grade: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

I hereby request, authorize and empower the Halifax Regional School Board to administer medically related or emergency medical procedures as described herein to the student named above. I release any staff member and the Halifax Regional School Board from any legal liability that may result from the administration of such procedures. I also agree to indemnify the Halifax Regional School Board against claims at any time made by the student name or by MSI arising out of the administration of the procedures described herein. I also understand that I am responsible for completing this form in the event that the required procedures change.

If my child is bussed to school, I also understand that I must provide a current photo of him/her for the purpose of providing all information contained herein to the transportation provider.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Form B**  
**Administration of Medically Related or Emergency Medical Procedures**

**SECTION 2 – TO BE COMPLETED BY PHYSICIAN**

**A. Administration of Medically Related Procedures**

- a. Please describe any special needs or serious health impairments that may require the regular administration of medically related procedures:
  
  
  
  
  
  
  
  
  
  
- b. Describe any medically related procedures that must be administered regularly:
  
  
  
  
  
  
  
  
  
  
- c. Please complete the questions following section B (below) and sign/date this form.

**B. Administration of Emergency Medical Procedures**

- a. Please describe any special needs or serious health impairments that may require emergency medical attention:
  
  
  
  
  
  
  
  
  
  
- b. List any important rules affecting health and safety that should be followed by the student:
  
  
  
  
  
  
  
  
  
  
- c. Describe signs that indicate the student is experiencing difficulty:
  
  
  
  
  
  
  
  
  
  
- d. Describe steps that should be taken when this occurs:
  
  
  
  
  
  
  
  
  
  
- e. Describe any medication or medical procedure that may be necessary in an emergency:
  
  
  
  
  
  
  
  
  
  
- f. List any suggestions helpful for behavior management, if necessary:

Please respond to the following questions:

1. Does the student named above require that the medical procedures described above be administered during school hours in order to be able to attend school?

Yes  No

2. Persons administering medical procedures described above:

a. Need to have had medical training.

b. Do not need to have had medical training.

3. Will it be detrimental to the student's health if a single dose is omitted?

Yes  No

4. Will it be detrimental to the student's health if a dose is not administered according to the exact schedule described above?

Yes  No

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Signature of Attending Physician

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Date

## Form C

# Administration of Prescribed Medication and/or Medical Procedures to Student TO BE COMPLETED DAILY BY SCHOOL PERSONNEL

Student Name \_\_\_\_\_

Medications/Medical Procedures to be Administered/Monitored by:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Initials \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Initials \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Initials \_\_\_\_\_

Parent(s) / Guardian(s) name, home and emergency telephone numbers: Name \_\_\_\_\_

Home \_\_\_\_\_ Emergency \_\_\_\_\_

Name and telephone number of health care professional prescribing the medication:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Date	Medication/Procedure	Time	Dose	Administered by (and witnessed where applicable):

Date	Comments



## Form D

### Monitoring of Student Administration - Prescribed Inhaled Medication(s)

#### Section 1 – To be completed by Parent/Guardian

##### Student Information

Name of Student: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Grade: \_\_\_\_\_

##### Emergency Contact Information

Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

I hereby request, authorize and empower the Halifax Regional School Board to monitor the administration of the medication(s) as described herein to the student named above. I release any staff member and the Halifax Regional School Board from any legal liability that may result from the monitoring of the administration of such medication. I also agree to indemnify the Halifax Regional School Board against claims at any time made by the student name or by MSI arising out of the administration of medication described herein. I also understand that no more than two week's dosage of the medication(s) is to be in the school at any time and that I am responsible for completing this form in the event that the prescribed medication, amount or frequency of dosage, handling or storage requirements change.

"I acknowledge and understand that as a parent or guardian I am responsible to ensure there is medication in sufficient amount and dosage to meet the needs of the student everyday the student is in school and requires the medication to be administered. I also understand and agree that if there is insufficient medication at the school I will be contacted to make arrangements to transport new medication to the school, or to make alternate arrangements for the care of the student for the remainder of the school day. I hereby release any staff member in the Halifax Regional School Board from any legal liability that may result from insufficient amounts of medication being available at the school for administration to the student."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## SECTION 2 – TO BE COMPLETED BY PARENT/GUARDIAN

Name of Student \_\_\_\_\_

Name of Medical condition(s) requiring treatment during school hours: \_\_\_\_\_

Note: Where possible parents are asked to establish a schedule for the administration of medication outside of the school day.

	Medication #1	Medication #2	Medication #3
Name of medication			
Required intervention	<input type="checkbox"/> Administer <input type="checkbox"/> Monitor	<input type="checkbox"/> Administer <input type="checkbox"/> Monitor	<input type="checkbox"/> Administer <input type="checkbox"/> Monitor
Dose of Medication			
Frequency			
Time(s) medication to be given during school hours			
Possible side effect(s) of medication			
Course of action in response to side effect(s)			
Storage Requirements for medication			
Duration of treatment (start-finish dates)			
Date when medication first prescribed			

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

\_\_\_\_\_  
Date