



## AP 318 – ADMINISTRATION OF MEDICATIONS

### BACKGROUND

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It is recognized that the administration of medication to students is the responsibility of the parent and the student's physician, and typically students are expected to take needed medications at home. It is further recognized, that for some students, the administration of medication at school is essential for the student to continue to attend at school. The following procedures are intended to ensure the safe provision of medications to students.

### PROCEDURES

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1. Medications may be administered to a student by staff provided that:
  - 1.1. The student's attendance depends on receiving medication from staff during school hours or during school-sponsored events.
  - 1.2. It is not appropriate for the student to self-administer the medication.
  - 1.3. The Student's parent/guardian is not reasonably able to attend at school to administer the medication.
  - 1.4. The administration of medication is within the competence of an adult untrained in medical procedures.
2. Should the stated conditions apply, Principals must receive permission from a parent, guardian, or agency before allowing any prescription medication to be given to a Student. (Form F19-90) "Provision of Medication" must be completed and signed by the parent/guardian and is valid for only one school year.
3. Medication must be delivered by the parent in the original prescription container and clearly labeled with:
  - 3.1. The student's name
  - 3.2. Name of the medication and the dosage and frequency
  - 3.3. The physician's name
  - 3.4. Expiration date

Written information outlining storage and safekeeping requirements, possible side effects and actions to be taken in the event of missed doses, errors or side effects should also be provided to the principal. The original of the completed form and medication information should be placed in the student's cumulative folder, a copy kept in the school office and a copy provided to the parent.
4. The Principal shall make appropriate arrangements for a permanent staff member to administer the medication. Further, the Principal shall identify an alternative individual to administer the medication should the designated person be absent.
5. The Principal shall ensure proper storage and reasonable security of the medication and inform appropriate staff of its location.



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6. The Principal shall maintain a registry of all medication provided to a pupil. The registry shall include the student's name, date, time of day, name of medication, dosage given, and the name of the staff member providing the medication (Medication Registry).
7. If staff are asked to administer non-prescription medication, written consent from the parent is required regarding the dosage and frequency of administration.
8. In the case of students who are self-medicating, unless the principal makes arrangements for storage, medication is restricted to a single day's dosage.
9. The giving of sugar, such as juice, cookies, or chewable dextrose tablets when necessary for children with diabetes should not be considered as the administration of medication.

Reference: Section 188, Education Act  
Date Last Revised: October, 2005



## PROVISION OF MEDICATION

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

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

Birthdate: \_\_\_\_\_

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

Parent(s)/Guardian(s): \_\_\_\_\_

Home Telephone: \_\_\_\_\_

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

Work Telephone: \_\_\_\_\_

I/we, \_\_\_\_\_ being the parents(s)/guardian(s) of

\_\_\_\_\_  
(Student)

do hereby acknowledge that I/we have delivered to:

\_\_\_\_\_, principal of \_\_\_\_\_,

**(PLEASE CHECK ONE)**

1. A medication prescribed for \_\_\_\_\_ by Dr. \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

2. A non-prescription medication

with the proper instructions for administering, handling and storing the medication attached to the container for the medication and do authorize the said medication to be administered to

\_\_\_\_\_  
(Student)

by an employee of Saskatoon Public Schools in accordance with the instructions affixed to the said container.

I understand that the school is relying upon the information provided by me about the medical condition of my child and about the medication to be administered by the school.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**NOTE: This form is valid for the current school year ONLY.**