
HORIZON SCHOOL DIVISION NO. 67**POLICY HANDBOOK**

Policy Code:	IHCD
Policy Title:	Medication to Students/ Medical Conditions
Cross Reference:	IGD, HGB
Legal Reference:	<u>School Act</u> , Sec.103,104
Adoption Date:	May 28, 1997
Amendment or Re:	February 21, 2002
affirmation Date:	March 9, 2006

POLICY

THE BOARD OF HORIZON SCHOOL DIVISION BELIEVES THAT THE PRIMARY RESPONSIBILITY FOR THE ADMINISTRATION OF PRESCRIBED MEDICATION RESTS WITH THE INDIVIDUAL STUDENT, HIS/HER PARENTS/GUARDIANS AND/OR THE APPROPRIATE MEDICAL PERSONNEL. IT IS APPROPRIATE, HOWEVER, FOR STAFF TO ASSIST IN THE ADMINISTRATION OF MEDICATION IF NECESSARY FOR THE STUDENT TO ATTEND SCHOOL, AND IF REQUESTED AND AUTHORIZED BY THE PARENTS/GUARDIAN. FURTHER, THE BOARD AUTHORIZES THE PROVISION OF MEDICAL ASSISTANCE TO STUDENTS IN EMERGENCY SITUATIONS RESULTING FROM LIFE-THREATENING MEDICAL CONDITIONS.

REGULATIONS

1. It is the responsibility of the parent/guardian to inform the school of their child's medical condition if the condition requires regular medication or medication/personal care in special or emergency situations.
2. Students with potential medical problems are to be identified annually during registration.
3. If administration of medication is necessary during school hours or while attending a school sponsored event, parents/guardians will be required to complete Form IHCD –*Request for School Assistance with Administration of Medication* (Exhibit A).
4. If an identified medical condition may require the emergency intervention at school, parents/guardians will be required to complete Form IHCD – *Medical Condition Alert* (Exhibit B). If the emergency response may require the administration of medication, parents/guardians are also required to complete form IHCD - *Request for School Assistance with Administration of Medication* (Exhibit A).
5. The forms identified in Regulation (3) and (4) are valid only for the school year. It is the responsibility of the parent/guardian to renew the forms annually and update during the school year to reflect any change in the student's medication or medical condition.
6. Identification of students requiring medication shall respect the student's right to privacy.
7. The school principal shall be responsible for:
 - a. The safe storage of any medication left at the school for which the *Request for School Assistance with Administration of Medication* or *Medical Condition Alert* has been completed.
 - b. Ensuring procedures are in place to ensure each student receives the correct medication.
 - c. Ensuring a system to record dispensing of medication is in place.
 - d. Instructions provided by parents and physicians relating to student medication are made known to appropriate staff and followed with reasonable care.

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- e. Ensuring that procedures are in place for making staff members aware of the identity of students with serious or life-threatening conditions who are attending the school.
 - f. In-service is provided for all regular staff members who may be in a position of responsibility of students with serious or life-threatening conditions. In-service will include a review of the appropriate emergency procedures.
 - g. Staff are aware of and have access to *Horizon School Division # 67 Medical Conditions* handbook that describes treatment of students with asthma, diabetes, epilepsy, and anaphylaxis.
8. Any medication needing to be returned to parents/guardians must be picked up personally by parents/guardians at the school.

Horizon School Division # 67
Policy IHCD Attachment 1
(Request for School Assistance with Administration of Medication Form)

Student ID Number:		Date:	
Student's Legal Last Name		Student's Legal First Name	Student's Legal Middle Name
Address:		Phone (Home)	Phone (Work and/or Cell)
Name of Medication:			
NOTE: Medications administered at school <u>MUST</u> be contained within the original prescription container, complete with current label.			
Special instructions for storage of medicine:			
Medical condition(s) which make(s) the medication necessary:			
The medication is to be (check one): <input type="checkbox"/> self-administered by student under the supervision of staff member <input type="checkbox"/> administered to the student under the direction of a staff member. <input type="checkbox"/> used only when the following symptoms appear (describe below):			
Treatment (other than medication) which is appropriate when symptoms appear:			
Possible effects if medication is not administered according to the prescribed schedule:			
Prescribed Dosage:		Frequency of Dosage:	
Starting Date:		Completion Date:	
Name of Parent/Guardian or Independent Student (please print)	Signature of Parent/Guardian or Independent Student		Date:
Name of Physician	Physician Phone Contact		Physician's or Pharmacist's Signature:
Name of Principal:	Signature of Principal:		Date:
Personal information is collected under the authority of the <i>School Act</i> and Alberta's <i>Freedom of Information and Protection of Privacy Act</i> (FOIP). This information will be used to respond to the identified medical need of the student named above. It will be treated in accordance with the privacy protection provisions of the FOIP Act.			

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Policy IHCD Attachment 2
(Medical Condition Alert Form)

Student ID Number:		Date:
Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name
Address:	Phone (Home)	Phone (Work and/or Cell)
Medical Condition (to be completed by Parent/Legal Guardian or Independent Student) Please state full particulars and provide any special instructions for school staff in the space below:		
Nature of the condition:		
Symptoms of the condition:		
Recommended response to student needs:		
If the medical condition may require the administration of medication, please complete Form IHCD: Request for School Assistance with Administration of Medication		
Name of Parent/Guardian or Independent Student (please print)	Signature of Parent/Guardian or Independent Student	Date:
Name of Physician	Physician Phone Contact	
Name of Principal:	Signature of Principal:	Date
Personal information is collected under the authority of the <i>School Act</i> and Alberta's <i>Freedom of Information and Protection of Privacy Act</i> (FOIP). This information will be used to respond to the identified medical need of the student named above. It will be treated in accordance with the privacy protection provisions of the FOIP Act.		