



Administrative Regulations

ADMINISTRATION

1820

STUDENT HEALTH

A. Immunization

Notwithstanding the Infant Act, immunizations administered in district schools shall have parent consent and not be administered unless such consent has been given. Where consent is provided through the public health nurse, a written record, signed by a public health nurse must be filed with the school principal.

B. Medical Alerts

1. A red medical binder will be used in each school to maintain a current record of student medical alerts and student medical conditions. This binder will be accessible to all staff in the main office of the school. The binder will consist of four sections:
 - a. The Medical Alert section will include for each designated student:
 - a completed school Medical Information form
 - a recent picture of the student
 - a Care Plan
 - b. The other Medical Condition section will include a completed Medical Information form for each student.
 - c. The Administration of Medication section will include a copy of the first newsletter explaining the necessity of the “Medical Information” and the “Request for Administration of Medication” forms.
 - d. Completed and authorized “Request for Administration of Medication” and Medication Log forms (a sample of a log form is available from the School Board Office).

Each section will be preceded by an alphabetic index of student names. Subsequent information will be arranged alphabetically by student name after the index.

Page 1 of 5

Date approved:

Reference:

Date revised:

Supt. Signature:



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STUDENT HEALTH (continued)

2. At the beginning of each school year, the school will:
 - a. include an article in the first newsletter explaining the necessity of the Medical Information form and the Request For Administration of Medication forms (a sample is available at the School Board Office).
 - b. send out to the parents of each student, a Medical Information form to be completed and signed by parents/guardians if their child has a medical condition diagnosed by a physician that may require precautionary treatment at school.
3. School personnel will review the Medical Information form and notify the public health nurse of any medical alerts (i.e. potentially life threatening conditions) and when support for care planning and education is required.
4. Any medical condition reported as a “mild allergy or reaction to” any substance that a child is likely to have exposure to at school shall be treated as a medical alert.
5. Medical Alert Definition:
A Medical Alert Condition - a physician diagnosed, potentially life threatening condition such as:
 - Diabetes
 - Epilepsy
 - Anaphylaxis (history of a severe allergic response which requires planned support inside as well as outside the school environment)
 - Severe Asthma (history of episodes requiring immediate medical treatment or a history of requiring immediate medication administration to avert an emergency)
 - Blood clotting disorders such as haemophilia that require immediate medical care in the event of injury
 - Serious health conditions
 - Other conditions which may require emergency care as determined in consultation with parents/student/family physician, school and Medical Health Officer or designate.

Date approved:

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STUDENT HEALTH (continued)

6. If the “medication needed at school” box indicates “yes”, the school shall ask the parent to complete a “Request for Administration of Medication” form and return in to the office.
7. The public health nurse, upon request, will assist school personnel and parents in reviewing the information and developing care plans (samples are available from the school district office.) The public health nurse is available for consultation regarding plans, procedure and training.
8. The school Principal (or designate) will then ensure that the information is inserted in the red medical binder, a red dot is applied to the student’s Permanent Student Record card, and a notation is made in the inclusion section of the Permanent School Record card.
9. The school Principal (or designate) will inform the school staff of the students who have medical alerts and draw their attention to the red medical binder in the main office. Information on students with medical problems should not be posted.
10. Teachers-on-Call and substitute Teacher Assistants will be informed of the medical problems of students in their classes.
11. The school bus company or any personnel transporting students should be provided with medical alert information.

FORMS ATTACHED:

Request for Administration of Medication
Medical Information Form

Date approved: October 16, 2000

Reference: Board Policies 1.3, 4.1, 4.2, 4.3, 4.6

Date revised: February 25, 2002

Supt. Signature:



SCHOOL DISTRICT NO. 46 (SUNSHINE COAST)
REQUEST FOR
ADMINISTRATION OF MEDICATION

This form is for "long term" or emergency administration of medication, e.g. epilepsy, anaphylaxis, etc.

A. TO BE COMPLETED BY PARENT OR GUARDIAN

NAME		BIRTH DATE (YEAR, MONTH, DAY)	
PARENT OR GUARDIAN		HOME PHONE	BUSINESS PHONE
PHYSICIAN		PHONE	

B. TO BE COMPLETED BY PRESCRIBING PHYSICIAN

CONDITION(S) WHICH MAKE MEDICATION NECESSARY:

NAME OF MEDICATION	DOSAGE	DIRECTIONS FOR USE / STORAGE
1.		
2.		
3.		
ADDITIONAL COMMENTS (POSSIBLE REACTIONS, CONSEQUENCES OF MISSING MEDICATION, ETC.)		Physician's Signature _____ Date _____

C. TO BE COMPLETED BY PARENT OR GUARDIAN

I REQUEST THE SCHOOL TO GIVE MEDICATION AS PRESCRIBED ON THIS FORM TO MY CHILD

I WILL PROVIDE THE SCHOOL WITH REGULARLY UPDATED MEDICAL INFORMATION

Name of Child _____

AS THE SCHOOL DISTRICT IS NOT ENGAGED IN THE BUSINESS OF ADMINISTRATION OF MEDICATION, I ALSO RELEASE THE SCHOOL DISTRICT AND ITS EMPLOYEES FROM ANY AND ALL RESPONSIBILITIES FOR THE LOSS OF, FAILURE TO ADMINISTER OR ADVERSE REACTION TO MEDICATION.

I RECOGNIZE THAT:

- A. IT IS NOT POSSIBLE, DESPITE BEST EFFORTS, TO PROVIDE A SCHOOL ENVIRONMENT THAT IS GUARANTEED TO PROVIDE NO EXPOSURE TO ALLERGENS;
- B. EDUCATORS AND SUPPORT STAFF ARE NOT MEDICALLY TRAINED;
- C. THE PRIMARY RESPONSIBILITY FOR A STUDENT'S WELFARE REMAINS WITH THE PARENT/GUARDIAN AND/OR STUDENT.

Parent/Guardian Signature _____ Date _____



SCHOOL DISTRICT NO. 46 (SUNSHINE COAST)

REQUEST FOR ADMINISTRATION OF MEDICATION

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D. EACH SCHOOL STAFF MEMBER WHO IS GOING TO ADMINISTER OR SUPERVISE THE MEDICATION MUST REVIEW THE INFORMATION ON THIS FORM, INDICATE DATE AND SIGN BELOW

DATE	SIGNATURE	COMMENTS, IF ANY

**MEDICAL
INFORMATION
FORM**

SCHOOL _____
GRADE _____ DIVISION _____
TEACHER _____

STUDENT _____ D.O.B. _____ HEALTH CARD # _____
(YY/MM/DD)

PARENT(S)/GUARDIANS(S): _____

Home Address: _____

Mailing Address: _____

Telephone: HOME: _____ WORK: _____

Emergency Contact: _____ Phone: _____

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

A. MEDICAL ALERT (LIFE THREATENING)

Please check the following medical alert conditions which apply to your child.

Diabetes Severe Heart Problem Severe Asthma Other _____

Epilepsy Life Threatening Allergies (list) _____

Describe symptoms to watch for: _____

Suggested classroom precautions: _____

Emergency Plan while in the care of the school (step-by-step information needed including medication)

1. _____

2. _____

3. _____

4. _____

B. OTHER MEDICAL CONDITIONS: (please check)

Hearing Vision Non Life Threatening Allergies

Mild Asthma Other _____

Medication needed at school: Yes No

Identify medication: _____

(Parents / guardians must complete a medication plan with their physician)

C. IF THE CONDITION CHANGES IT IS THE PARENT / GUARDIAN / STUDENT'S RESPONSIBILITY TO INFORM THE SCHOOL

Parent(s)/Guardian(s) Signature: _____ Date: _____

The information on this form is collected under the authority of the School Act Sections 13 and 79. The information provided will be used for educational program purposes and, when required, may be provided to health services, social services or other support services as outlined in Section 79(1b) of the School Act. If you have any questions about the collection or concerns about the use of this information, please contact your school principal or the Information and Privacy Coordinator
