

IDENTIFICATION CODE

PROC1601

TITLE: PROCEDURE FOR ADMINISTERING MEDICATIONS AT SCHOOL

EFFECTIVE DATE	APPROVAL REQUIRED	RESPONSIBILITY FOR FOLLOW-UP
August 30, 2016	Education Services	School Directors



It is the responsibility of parents to ensure that the medication a child is supposed to receive is administered to him or her. It is often not convenient for parents to come to school to administer medication. Therefore, the school administrator shall designate a person to be responsible to administer the medication. Arrangements may therefore be made with the school, subject to the following conditions:

Schools under the jurisdiction of the Commission scolaire du Littoral shall only dispense medications that have been prescribed by a doctor, and then only after obtaining written authorization from the parent or guardian of the student concerned. Any changes to the prescription(s) must be reported and the Authorization form for the administration of prescribed medication renewed immediately.

To avoid any possibility of confusion or error, parents should be requested to provide such medication **IN PERSON**, in the original container **BEARING THE PRESCRIPTION LABEL**.

All medications must be stored in a **LOCKED** desk or filing cabinet

An example of a suitable Authorization Form is attached to this policy.



Authorization form for the administration of prescribed medication

SECTION I: Authorization			
<p>I, _____, authorize _____ or his or her substitute, to give <div style="display: flex; justify-content: space-around; width: 100%;"> (Name of parent) (Name of staff member) </div> my child _____ medication at school as <div style="display: flex; justify-content: center; width: 100%;"> (Name of student) </div> prescribed by the doctor.</p>			
SECTION II: Information on medication			
Name of medication:			
Time(s) of day to be administered:			
Dosage (as indicated on the prescription label):			
SECTION III: Parents' signature			
<p><i>I realize that it is my responsibility to immediately advise the school of any change to the above information.</i></p>			
Signature		Date	