



Request for Medication Administration Administrative Procedure 1.B.140A

1.0 School Administration
1.B. Students

Evergreen School Division recognizes that some students may require medication during the school day. Where the administration of this medication is not possible by parent, guardian, or appropriate medical authority; is necessary during school hours; and the student is not able to manage this medication administration, the following Request for Medication Administration must be completed in its entirety.

Requests to administer medication apply to prescription and over the counter medications (if recommended by a physician and accompanied by original pharmacy label and/or written physician instructions). For a school to agree to administer medications, parents or guardians must provide all required information to the school and meet all conditions as established by the Division (see attached list). A new request is required for each school year and for changes in medication.

To be completed by Parent(s) or Guardian(s).

1. I request that medication be administered to: _____
(name of student)
Date of Birth (d/m/y) _____ Personal Health Info Number _____
Address: _____ Home Phone Number: _____

2. Name of Parent(s)/Guardian(s): _____
Address: _____ Work Phone #: _____
Home Phone #: _____

3. Name of prescribing physician: _____
Office Address: _____ Phone #: _____

4. Name of dispensing pharmacy: _____
Address: _____ Phone #: _____

5. Name of medication(s): _____
Date prescription filled: _____

6. Reason(s) for medication(s): _____

7. Dosage and method of administration: _____

8. Time of administration at school: _____

9. Start date of medication (d/m/y): _____

10. Stop date of medication (d/m/y): _____

11. I confirm that the first dose of medication(s) was administered at home or hospital.

(please initial) _____

12. I confirm that the first dose of medication(s) was well tolerated by this child

(please initial) _____

13. Storage requirements (if any): _____

14. Description of side effects: _____

15. Response to side effects: _____

16. I certify that the information provided is accurate:

Signature of Parent(s) or Guardian(s)

Date

If requested, pharmacies will provide two original pharmacy labeled containers. One container may be used exclusively in the school.

This is recommended.

Conditions for Acceptance of Medication Administration

- Completed Request for Medication Administration
- Medication delivered to school by a responsible adult
- Prescription medication is in an original pharmacy labeled container which identifies:
 - a) name of child
 - b) name of the prescribing physician
 - c) name of medication
 - d) dose
 - e) frequency and route of administration
 - f) name of the pharmacy
 - g) date the prescription was filled
- Label is on the medication and not just the package
- Over-the-counter medication that is recommended by a physician is accompanied by an original pharmacy label with administration instruction and/or clearly written instructions from a physician.
- Measuring instruments are provided.

Signature of Principal or Designate

Date

FIPPA/PHIA DISCLAIMER
MEDICATION ADMINISTRATION

Acceptance

- Request for Administration of Medication has been accepted by school.

Storage

- Medication is stored in a locked location.
- Key to medication cabinet on premises/spare key available.
- Medications requiring refrigeration are secure in refrigerator.
- Medications are separated physically—and labeled with child's name.
- Medication that may be required urgently shall not be stored in a locked location. (e.g. inhalers, EpiPen)**

Administration

- One employee, second designated as substitute (volunteers are not to be designated).
- Employee responsible must know:
 - a) details of medication administration
 - b) location of spare key
- Method of Administration
 - a) wash hands
 - b) prepare supplies
 - c) assure oneself of: right medication/child/dose/time/right method
- Read the label **three times**
 - 1. when removing the medicine from locked storage;
 - 2. before medication is removed from its container; and
 - 3. after medication is removed from its container but before it is administered to the child.
- Medication is returned to medicine cabinet after administration.
- Supplies are cleaned/washed.
- Medication Administration record completed.

Excursions

- Medication is administered only if necessary.
- Medication is in care of a responsible adult.
- Medication Administration Records completed upon return.
- Emergency communication/medical response plan in place.