

## CLASSROOM MANAGEMENT

### ADMINISTRATION OF MEDICATION BY DND DEPENDANTS SCHOOL PERSONNEL

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#### SECTION 1: PREAMBLE

1.1 As a general rule educators, educational support staff and other school staff should not be involved with administering medication to pupils in DND Dependants Schools Overseas. For particular students there may be exceptions to this rule.

1.2 DND Dependants Schools Overseas maintains as a basic principle that the primary responsibility for the administration of medication remains with the parent and the medical profession.

#### SECTION 2: POLICY

2.1 It is generally the responsibility of parents/guardians to arrange with their medical practitioner for medication, which can be administered before or after school. However, where sure scheduling options do not exist, the administration of medication to a student shall be undertaken in accordance with this policy.

2.2 Responsible and safe procedures are required where it has been deemed by a qualified medical practitioner that the administration of medication to a pupil at school is a necessary component of the pupil's well being at school.

2.3 DND Dependants Schools Overseas also recognizes that, on occasion, schools will be responsible for pupils who are receiving medication, who have a condition which requires regular medical treatment, or who, under certain circumstances, may require emergency response to severe allergy reaction.

#### SECTION 3: OCCASIONAL ADMINISTRATION OF MEDICATION

3.1 The parent(s) or guardian must submit a written request to the principal, accompanied by authorization from the prescribing physician, using the approved form. (See Enclosure)

3.2 The principal will decide, in co-operation with school staff, which person(s) will accept responsibility for the administration of the medication, and they will take all reasonable precautions to ensure the physician's instructions are precisely followed.

3.3 The form clearly indicating all details for the administration of the prescribed medication is to be filed in the school office and **a daily record of administration maintained.**

**OSAP 200.03.10 - ADMISSION**

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3.4 The medication must be in a prescription container, clearly labelled and stored in a secure location. If the child is to transport the medication, only one day's dosage should be brought to school at a time. The principal may arrange with the parent(s) or guardian to deliver a weekly supply to the school, which must then be stored in a secure location.

3.5 Equipment used for the administration of medication should also be kept in a secure location.

3.6 Prescribed medication administered under these regulations will likely fall into one of the following categories:

**Long Term** - Medication necessary on an on-going basis e.g. to treat ADHD or epilepsy.

**Short Term** - Medication which is necessary for a specific period of time e.g. antibiotics.

**Emergency** - Medication which is necessary for a specific situation e.g. adrenalin for severe allergic reaction. The principal should involve the Medical Doctor to provide specific instruction and staff training concerning the individual child and the medication if emergency administration may be required.

3.7 Parents and physicians should be advised that staff will not administer medication when instruction from the physician calls for discretion on the part of the individual administering it, e.g. "when deemed necessary" or "as per required need". This provision may be waived as part of a specific management plan.

**DND DEPENDANTS SCHOOLS OVERSEAS  
ADMINISTERING MEDICINES TO STUDENTS  
REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL**

STUDENT: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ PRINCIPAL: \_\_\_\_\_

SCHOOL TELEPHONE: \_\_\_\_\_

INSTRUCTIONS FROM PHYSICIAN:

\_\_\_\_\_

NAME OF MEDICATION DOSAGE FREQUENCY AND METHOD OF ADMINISTRATION E.G.,  
HALF HOUR BEFORE LUNCH/AT RECESS BY MOUTH/INJECTION:

\_\_\_\_\_  
\_\_\_\_\_

DATES FOR WHICH THE AUTHORIZATION APPLIES E.G., SEPTEMBER TO JUNE/NEXT TWO  
MONTHS: \_\_\_\_\_

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ANY OTHER INSTRUCTIONS FOR SCHOOL PERSONNEL? E.G., DIAGNOSIS, POSSIBLE SIDE EFFECTS, STORAGE REQUIREMENTS, OTHER MEDICATION, ETC...

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IN MY OPINION, IT IS NECESSARY FOR SCHOOL PERSONNEL TO ADMINISTER THIS MEDICATION DURING SCHOOL HOURS: \_\_\_\_\_ or

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PHYSICIAN'S STAMP:

PHYSICIAN'S SIGNATURE:

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AUTHORIZATION FROM PARENT/GUARDIAN

I/WE HEREBY REQUEST THAT MEDICATION BE ADMINISTERED TO:

\_\_\_\_\_ ACCORDING TO THE PHYSICIAN'S INSTRUCTIONS GIVEN ABOVE. (CHILD'S NAME) I/WE UNDERSTAND THAT THE LONDON DISTRICT CATHOLIC SEPARATE SCHOOL BOARD AND SCHOOL PERSONNEL WILL NOT BE RESPONSIBLE FOR ANY ADVERSE CONSEQUENCES DUE TO ADMINISTRATION OF THE MEDICATION.

PARENT/GUARDIAN SIGNATURE(S): \_\_\_\_\_

NOTE: THIS REQUEST WILL EXPIRE ON THE DATE GIVEN ABOVE OR ON JUNE 30TH OF EACH SCHOOL YEAR.

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SCHOOL ARRANGEMENTS

THIS MEDICATION WILL BE KEPT IN A SECURE LOCATION \_\_\_\_\_ IT WILL BE ADMINISTERED BY \_\_\_\_\_ OR BY \_\_\_\_\_ ACCORDING TO THE INSTRUCTIONS GIVEN ABOVE.

SIGNATURE OF PRINCIPAL: \_\_\_\_\_ Date: \_\_\_\_\_