

FORMS

Medication and Medical Treatment

In accordance with the Freedom of Information and Protection of Privacy Act (FOIP), The Sturgeon Public School Division is authorized and required under the provisions of the Education Act and its regulations to collect, use and disclose personal information that is necessary to provide educational programming and ensure a safe and secure school environment for students.

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Request for Medication and Medical Treatment to be Given at School for Students Requiring Specialized Health Care

(Ref. Medication Administration in AP915)

To: Parent or Guardian

Re: Your Request for Medication and Medical Treatment to be Given at School

Students may require physician prescribed medication to be taken and medical treatment to be given during school facility hours. To ensure the safe management of medication and medical treatment, each student should have his/her own Medication Management Plan developed during a meeting with school facility staff.

To prepare for this meeting, please:

1. Read the information provided.
2. Complete the parent/guardian section of the Medication and Medical Treatment Management Plan using information from the pharmacy label on your child's medication and the information sheet provided by your pharmacist and direction from your physician.
3. Complete and sign the Medication and Medical Treatment Management Parental Consent form.
4. Have the Physician's Report completed and signed by Physician.

If you have questions or require assistance, a community health nurse is available to help you. Please call the school facility for their name and number.

School Principal



Appendix 2

Release Form
Medical Treatment of Students at School

The undersigned _____, being the legal parent/legal guardian of _____, a student of The Sturgeon Public School Division, do hereby request and authorize personnel employed by the Division to provide necessary first aid and medical treatment to the said student, and for so doing, this will serve as a release and indemnification of and from any action or inaction of any personnel of the Division associated with the rendering of first aid or administering of medical treatment to the said student. Further, the undersigned legal parent/legal guardian recognizes and acknowledges that the personnel employed by the Division who may, as a result of this request, be rendering first aid or administering medical treatment to the said student, are not medical practitioners.

Dated at _____, in the Province of Alberta,
this _____ of _____ A.D., _____
day month year

Signature of Parent/Guardian

Signature of Witness

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Medication and Medical Treatment Management Parental & Physician Consent

Student Name: _____
Last /First

Emergency Medical Contact Name _____

Phone (home) _____ (work) _____

Cell/Other _____

The information you provide will be held in confidence to assist school facility staff in responding appropriately to the medication management needs of your child. All information placed in a student's file will be protected and used in compliance with the Freedom of Information and Protection of Privacy (FOIP) Act and the Health Information Act (HIA), where applicable.

I request that school facility staff administer/monitor my child's medication and medical treatment in accordance with the Medication and Medical Treatment Management Plan.

I will supply the physician prescribed medication, bubble packed/single unit dose when appropriate, in its original container with the pharmacy label attached and will supply the physician's direction regarding medical treatment and the necessary physician prescribed medical equipment supplies to facilitate treatment. Medical equipment and supplies will be accompanied by clear instructions as to proper use. The good working order of these devices will be the responsibility of the parent/legal guardian.

The parent/legal guardian is to provide instruction on the proper administration of the medication and medical treatment after having received instruction from his/her medical practitioner/health professional (as necessary).



The parent/legal guardian is to repeat and update this instruction should:

- The student's medical condition change
- The intervention requirements change
- There be a change in school staff assisting the student in the medical intervention
- The assisting staff request a review or refresher of the medical intervention
- Professional instruction for medical treatment may be requested and will be provided on request

I have provided the above and completed the required instruction at:

_____ on _____
(location) (date)

Parent/Guardian Name and Signature

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MEDICATION AND MEDICAL TREATMENT MANAGEMENT PHYSICIAN'S CONSENT

Confirmation from Student's Physician

I hereby confirm that the following medication/treatment _____

_____ for _____
(name of student)

to be administered as follows:

1. Specific direction/prescription _____
(time and dose)
2. The service required is of such a simplistic nature that a lay person (teacher, teacher assistant, secretary) could successfully perform the function;
3. The service must be performed during regular school hours and/or approved school activities;
4. The service is critical to the well being and functioning of the student; and
5. No other reasonable alternative is available (i.e. through a community agency).

Name of Physician

Signature of Physician

Month Day Year

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Medication and Medical Treatment Management Plan

This plan is intended for physician prescribed medications and medical treatments only.

Student's Name _____

Date of Birth – Month/Day/Year _____

	Medication/Medical Treatment #1 <input type="checkbox"/> Administer <input type="checkbox"/> Monitor	Medication/Medical Treatment #2 <input type="checkbox"/> Administer <input type="checkbox"/> Monitor	Medication/Medical Treatment #3 <input type="checkbox"/> Administer <input type="checkbox"/> Monitor	Medication/Medical Treatment #4 <input type="checkbox"/> Administer <input type="checkbox"/> Monitor
Received medication in original container	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Medication information sheets provided	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Medical treatment physician's direction	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Name of Medication				
Desired effects of medication/ medical treatment				
Possible side effects of medication/ medical treatment				
Plan of action in response to side effect(s)				
Medication Dose				
Route of administration (i.e. by mouth)				
Time(s) of medication/ medical treatment to be given at school/facility				
Start date of medication/ medical treatment				
Finish or review date of medication/medical treatment				
Completed During Meeting	Location of medical treatment/ medication administration/ monitoring			
	Name of staff person to administer/monitor medication/medical treatment			
	Name of alternative staff to administer/monitor medication /medical treatment			
	Special instructions (please attach pharmacy printout)			
	Please attach medical treatment physician's direction			

Parent Name: _____ Signature: _____ Date: _____
 Staff Name: _____ Signature: _____ Date: _____
 Other: _____ Signature: _____ Date: _____

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Appendix 5 Medical Alert

(Post in a staff area for ALL staff)

(The information on this form is to correspond with the Request for Administration of Medication/Medical Treatment Form)

Student Name _____ Grade _____

Teacher _____

Medical condition _____

Symptoms of reactions: _____

Photograph of Student

DO THIS IMMEDIATELY

Staff who know how to help student _____

Medical treatment _____

Name of medication _____

Dosage _____ Method of administration _____

Location of medication _____

Administer within _____ minutes

If no relief _____

Possible side effects _____

N.B.

For life-threatening reactions call 911 Ambulance (or local ambulance) _____



Permission to Post Student Medical Information

The *Freedom of Information and Protection of Privacy (FOIP) Act* sets controls and standards on how school jurisdictions collect, use, and disclose personal information in their custody or under their control.

Because it is important to quickly identify the type of medical attention required by a student in need of medical treatment, we are requesting your permission to post your child's information (name, picture, and medical information) as listed on the *Medical Alert Form* in a prominent place at the school accessible to all staff, agencies and volunteers who work with your child. We understand that the student's medical information is provided to The Sturgeon Public School Division for use in compliance with the *FOIP Act*.

I _____ hereby grant consent to (parent/guardian) The Sturgeon School Division to post my child's information as listed and described on the <i>Medical Alert Form</i> .
_____ Full name of student
_____ Grade and School of student
_____ Signature of parent/guardian
_____ Date

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Guide to Developing a Student Focused Medication and Medical Treatment Management Plan for Students with Specialized Health Care Needs

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Medication and Medical Treatment Management Plan Roles and Responsibilities

Parent/Guardian Role	School/Staff Role	Student/Child Role	Community Health Nurse Role
<ul style="list-style-type: none"> • Communicate with school staff to discuss medication and medical treatment and effects. • Review the medication and medical treatment management information. Complete the Plan and sign the Consent Form. • Ask the doctor or the pharmacist to schedule medication and medical treatment so that a minimum number of doses and sessions are given at school/facility. • Suggest methods of delivering medication treatment and preparing / giving medical and indicate special tips that have been effective at home. • Discuss with the student the need for medication and medical treatment to be given at school/facility. Include as many details as possible. • Notify the school/facility in writing of all changes of medication and medical treatment given at school/facility (e.g. dosage, new medication or discontinued medication and change in medical treatment). • Confirm with the school/facility by phone that all written documentation has reached the school/ facility. 	<ul style="list-style-type: none"> • Provide parent/guardian with medication and medical treatment management information. • Meet with the student and parent(s) to complete a Medication and Medical Treatment Management Plan. • Assign designated staff person(s) to administer or monitor the medication and medical treatment being given. • Develop an orderly system to document and store medication and medical treatment equipment (eg. consent, medication cup, Medication and Medical Treatment Record sheet). • Document all medication and medical treatment changes in the Medication and Medical Treatment Management Record that have been provided in writing by the parent. • Request an in-service or training, as necessary, regarding carrying out medication administration and medical treatment activities. • Ensure all school/facility staff who have contact with the student are aware of the student's condition (ie. teachers, supervisors or substitute teachers and support staff, operators, bus drivers, workers) as appropriate. 	<ul style="list-style-type: none"> • Be aware of the need for medications and medical treatment in school/facility. • Participate in the development and revision of their medication and medical treatment plan (as appropriate for age and ability). • Ensure all correspondence from parents is promptly given to the appropriate person at school/facility. • Bring home written information from the school/facility and give to your parents. 	<ul style="list-style-type: none"> • Advocate for student / facility or school to develop and implement a Medication and Medical Treatment Management Plan, as required. • Facilitate the development of a Medication and Medical Treatment Management Plan. • Support medication and medical treatment management inservicing for school/facility staff and parent <ul style="list-style-type: none"> ○ Desired effects and side effects of medication and medical treatment ○ Medication and medical treatment storage. ○ Administering/ monitoring medication and medical treatment changes. ○ Epi-pen inservicing. • Link with pharmacists, physicians and community agencies to provide support as necessary. • Support parent and schools/ facilities when issues arise.



Safety Considerations

Parent/Guardian Role	School/Staff Role	Student/Child Role	Community Health Nurse Role
<ul style="list-style-type: none"> Request that the pharmacist provide the medical treatment resources and medication in the original container for the school/facility. Provide the medication, whenever appropriate, in single dose units and bubble packed. Provide pharmacy drug information sheets that outline the effects of the medication when given correctly and what signs and symptoms would indicate a problem. Replace medication before expiry date to avoid missing a dose. Provide medication and medical treatment updates at least once a year and when medication is changed. Develop a plan of action to address side effects. Provide instructions about what to do if a dose or medical treatment session is late or missed. 	<ul style="list-style-type: none"> Assign one person for managing medication for all students OR one designated person for a particular student. Have a trained alternate person available at all times to give medication and medical treatment. Select staff for this activity who are directly involved with the student and comfortable with the role. Attach drug information sheets to the Plan and Parental Consent. Be familiar with the desired effects and the side effects of the medication and medical treatment as outlined in the Plan. Be familiar with the action plan to address side effects. <p><i>If a student in your school is at risk for anaphylactic reactions, ensure that all staff are trained to deal with an emergency situation.</i></p>	<ul style="list-style-type: none"> Communicate any side effects to school/facility staff and parents. 	<ul style="list-style-type: none"> Assist with the development of a plan of action in the event of side effects. Provide orientation (as needed) to school/facility staff about importance of safety checks when administering medications and medical treatment.



Location of Medication and Medical Equipment

Parent/Guardian Role	School/Staff Role	Student/Child Role	Community Health Nurse Role
<ul style="list-style-type: none"> • <i>Reinforce with student and school/facility staff the importance of keeping medications needed for emergency situations with student at all times.</i> • Ensure that school/facility staff are aware of storage guidelines for medical treatment equipment and medications (ie. refrigerate or away from light). • Provide a plan that addresses when to remove medications from the school and dispose of medication according to recognized guidelines. 	<ul style="list-style-type: none"> • Allow students to carry medications needed for emergency situations (asthma inhalers, epi-pens) with them at all times as developmentally appropriate. • Store medications in one central locked cabinet that is off limits to students. • Medications requiring refrigeration should be placed in a clearly marked, locked container in the refrigerator. • Unused medication should be returned to the parent. • Plan for medication and medical treatment administration when the student is off-site (eg. field trips). See Recommendation for Off-Site Medication and Medical Treatment Administration 	<ul style="list-style-type: none"> • Keep medications needed for emergency situations (asthma inhalers, epi-pens) on your person. • Know how and when to take your medication. • Know who to report to for medication and medical treatment management and how to access them. 	<ul style="list-style-type: none"> • Assist school/facility staff in implementing a plan that supports students to carry their emergency medications.



Appendix 9

Medication Preparation

Parent/Guardian Role	School/Staff Role	Student/Child Role	Community Health Nurse Role
<ul style="list-style-type: none"> Request single dose packaging from the pharmacist when appropriate and feasible. 	<ul style="list-style-type: none"> Check Medication Management Record to ensure medication not already given. Confirm that medication identified on the container label, Medication Management Record and Medication Management Plan Consent are the same. 		<ul style="list-style-type: none"> Be available for follow-up as required.

Medication and Medical Treatment Administration and Monitoring

Parent/Guardian Role	School/Staff Role	Student/Child Role	Community Health Nurse Role
<ul style="list-style-type: none"> Instruct child not to share medication with anyone. 	<ul style="list-style-type: none"> Every effort should be made to allow privacy while administering medication and medical treatment. Explain the process to the student. Check the five <i>"rights"</i>: <ol style="list-style-type: none"> Right <i>child</i> Right <i>medication</i> Right <i>dose</i> Right <i>time</i> Right <i>route</i> (ie. By mouth) Praise the student and tell them when the next dose and medical treatment is due. 	<ul style="list-style-type: none"> Participate in the medication and medical treatment process as agreed upon in the Plan. Tell the school/facility staff if not feeling well prior to receiving medication and medical treatment. Do not share medication with <i>anyone!</i> Tell the person who is giving you your medicine if it looks different or if you have already had it. 	<ul style="list-style-type: none"> Support designated school/facility staff or student in carrying out the Plan. Support the parents and the school/facility when issues arise. Provide orientation as needed.

Parent/Guardian Role	School/Staff Role	Student/Child Role	Community Health Nurse Role
	<ul style="list-style-type: none"> • Immediately after administering the medication and medical treatment, record the medication name, dose and time of administration on the Medication Management Record. Place your initials in the appropriate date box. • Record side effects, missed doses or errors immediately under comments on the Medication Management Record. • Inform parents of errors, missed doses or side effects. • Record medication and medical treatment with red ink, date and initial. 		<ul style="list-style-type: none"> • Assist as requested if problems arise.



SAMPLE

Medication and Medical Treatment Management Plan

This plan is intended for physician prescribed medications and medical treatments only.

John Doe
Student's Name

January 06, 2010
Date of Birth - Month/ Day/Year

	Medication/Medical Treatment #1 <input checked="" type="checkbox"/> Administer <input type="checkbox"/> Monitor	Medication/Medical Treatment #2 <input type="checkbox"/> Administer <input type="checkbox"/> Monitor	Medication/Medical Treatment #3 <input type="checkbox"/> Administer <input type="checkbox"/> Monitor	Medication/Medical Treatment #4 <input type="checkbox"/> Administer <input type="checkbox"/> Monitor
Received medication in original container	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Medication information sheets provided	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Medical treatment physician's direction	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Name of Medication	<i>Ritalin Methylphenidate</i>			
Desired effects of medication/ medical treatment	<i>Focused Calm</i>			
Possible side effects of medication/ medical treatment	<i>Vomiting, Tremors, Convulsions</i>			
Plan of action in response to side effect(s)	<i>Call parent Convulsions: call 911 & call parent</i>			
Medication Dose	<i>5mgm x 3 daily</i>			
Route of administration (i.e. by mouth)	<i>Mouth</i>			
Time(s) of medication/ medical treatment to be given at school/facility	<i>30 minutes before lunch</i>			
Start date of medication/ medical treatment	<i>September 17, 2019</i>			
Finish or review date of medication/medical treatment	<i>January 2020</i>			
Completed During Meeting	Location of medical treatment/ medication administration/ monitoring	<i>Locked cupboard in Room 11</i>		
	Name of staff person to administer/monitor medication/medical treatment	<i>Mary Jones Secretary</i>		
	Name of alternative staff to administer/monitor medication /medical treatment	<i>Lori Diamond Home Room Teacher</i>		
	Special instructions (please attach pharmacy printout)	<i>None</i>		
	Please attach medical treatment physician's direction			

Parent Name: Joan Smith Signature: Joan Smith Date: Sept. 10, 2019
 Staff Name: Jane Doe Signature: Jane Doe Date: Sept. 10, 2019
 Other: _____ Signature: _____ Date: _____



Developmental Consideration for Medication and Medical Treatment Management

Children reach developmental milestones at different chronological ages depending upon their circumstances. These growth and development milestones are provided to assist in the development of a student health plan that is individualized and incorporates the student as fully as their abilities allow.

Overall Guidelines:

- Encourage normalcy
- Maintain confidentiality
- Practice honesty
- Involve the student
- Keep disruption of school facility routine to a minimum
- Allow student/child to assume responsibility for own care as developmentally and physically possible



Age	Characteristics	Relevant Points
0-5	<ul style="list-style-type: none"> • Variable 	<ul style="list-style-type: none"> • Younger preschooler – unable to assist with medication and medical treatment plan • Older preschooler will be able to assist with some aspects of the medication and medical treatment plan
5-7	<ul style="list-style-type: none"> • Can follow rules, directions • Wishes privacy • Developing manual dexterity 	<ul style="list-style-type: none"> • Finds it difficult to leave activities • Will be able to assist with some aspects of the medication and medical treatment
8-9	<ul style="list-style-type: none"> • May be able to tell time • Understands safety • Self confidence increasing 	<ul style="list-style-type: none"> • Better fine motor control • More independent • Developing good health habits
10-13	<ul style="list-style-type: none"> • Good coordination • Able to look after own needs • Wants independence • Needs ownership in decision making 	<ul style="list-style-type: none"> • May begin planning and doing own procedures in care • Involve in plan development
14-15	<ul style="list-style-type: none"> • Gains maturity and control • Needs autonomy • Able to problem solve 	<ul style="list-style-type: none"> • Needs independence • Needs to fit in with peers • Involve in care plan
16-19	<ul style="list-style-type: none"> • Depth in reasoning • Reasons deductively • Comprehensive problem review • More emotionally stable 	<ul style="list-style-type: none"> • Independent • Any assistance required may be related to special health challenges



Consideration for Off-Site Medication Administration

The following recommendations are provided to assist in meeting a child/student's medication management needs outside of the regular school environment.

Procedures

1. Assign an informed school staff member to be in charge of the off-site medication and/or medical treatment administration and to be responsible for the medication container.
2. Administer/monitor the medication and/or medical treatment in a quiet area.
3. Only prepare one student's medication at a time.
4. Check the Medication Management Record to ensure the medication has not already been administered.
5. Place a clean paper towel on a clean level surface.
6. Check the label three times while preparing the medication.
7. Check the five "rights":
 - 7.1 right child;
 - 7.2 right medication;
 - 7.3 right dose;
 - 7.4 right time;
 - 7.5 right route.
8. Administer the prescribed medication to the student.
9. Replace the medication in the lockable container.
10. Complete the student's individual Medication Management Record and record the medication as "Taken" or "Not Taken". on.

Equipment

1. Plastic or metal container with a lockable lid supplied by parent/guardian (with carrying handle, if possible).
2. Insulated bag plus ice pack for medications requiring refrigeration.
3. Supply of disposable cups in plastic overwrap or in a plastic ziplock bag.
4. Small thermos for drinking water if drinking water not available at the destination.
5. Supply of paper towels to provide clean area.
6. Hold each student's original Medication Management Record in a three ring duotang/binder.
7. All physician prescribed medications to be administered will be kept in their original container and placed in the lockable container until needed.
8. All physician prescribed medications required for emergency situations should be kept with the student.



