



POLICY 7300
**TREATMENT OF STUDENTS WITH MEDICAL
CONDITIONS**

Adopted: 1999-03-23	Reviewed: n/a	Amended: 2015-10-27 2021-01-19
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POLICY

SUBJECT: **TREATMENT OF STUDENTS WITH MEDICAL CONDITIONS**

The Board of Education recognizes its responsibility to ensure that students of school age attend school and that some of these students may be in need of certain medication. In those cases where a student requires medication during school hours for health related reasons, the administration of such medication shall be the responsibility of the principal or delegate of the school. It shall be the responsibility of the parent(s)/guardian(s) to bring the matter to the principal's attention.

If required, appropriate training will be provided by professional health care personnel. In such cases, more than one staff member will be trained in the administration of the medication in order to provide an alternative person in cases of absence or unavailability.

The administration of medication must be carried out in accordance with the provision of the regulations in this policy. Until such provisions are arranged, medication should not be administered, even though this may result in a student's being absent from school for a few days.



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REGULATIONS

SUBJECT: **TREATMENT OF STUDENTS WITH MEDICAL CONDITIONS**

In providing medication to students, the following regulations shall be strictly observed:

1. The principal must be in receipt of a letter of authority endorsed by the parent/guardian of the student to whom the medication is to be administered.
2. The letter of authority (recommended format attached) must include the following information:
 - a) name of the attending physician
 - b) the medication needs to be administered at school
 - c) the nature of the health problem
 - d) the name of the medication
 - e) the method of administering the medication
 - f) the consequence of missing medication or incorrect dosage
 - g) emergency procedures for (f)
 - h) any side effects from the medication
3. If any concerns regarding the medication become evident, the principal should contact the parent/guardian or the attending physician.
4. A record sheet is to be maintained in the office of the principal to show:
 - a) the date, time and dose of each administration of medication and any other pertinent information
 - b) the initials of the individual administering the medication.

If the school is required to store medication, it will be the responsibility of the parent or legal guardian to have the medication delivered to the school in a properly labeled prescription container.

5. Medication should be stored in a safe location as determined by the principal.
6. Over the counter and other non-prescription medications should not be dispensed without specific parental/guardian approval.
7. Also see [Policy #7340](#) – *Allergies and Life-Threatening Allergies in Schools*.

SCHOOL DISTRICT NO. 78 (FRASER-CASCADE)

LETTER OF AUTHORITY - MEDICATION

The purpose of this form is to provide the school principal with the necessary information and authority to administer medication to students who require it in order to function satisfactorily in school activities.

Name of Student: _____

School: _____

a) Attending Physician: _____

Telephone: _____

b) Ailment being treated: _____

Medication: _____

c) Name of Medication: _____

d) Method of administration: _____

e) Exact dosage: _____

f) Consequences of missing medication or incorrect dosage:

g) Emergency procedures for (f): _____

h) Important side effects: _____

I consider that the above medication and administration thereof during the school day to be in the best interest of the above named student, and hereby authorize its administration by the school principal or his/her delegate.

Attending Physician: _____

DATE: _____

I hereby authorize the school principal or his/her designate to administer the medication as described above to my child and to contact the physician named above should there be any further questions or concerns. I further authorize the physician to release any information pertinent to this matter.

Signature of Parent or Guardian: _____

DATE: _____