



Administration of Medication Manual

April 2020

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Medications Other than Cannabis

As a general rule teaching personnel should not become involved with the administration of medication to, and/or the performance of physical procedures for pupils because such matters are primarily the responsibility of pupils' parents or guardians, in conjunction with trained medical personnel as parents or guardians deem appropriate.

This recognizes, however, through the Ontario Ministry of Education and Training Policy Memorandum 81, that there will sometimes be the need for school staff to administer medication to pupils and/or to perform physical procedures for them during the school day in order to enable the education of such pupils to continue, or in emergency situations. The following outlines the conditions under which the administration of medication to and/or performance of physical procedures for pupils by school personnel may be carried out.

1. No teacher or principal employed by the Board is required to administer medication to, and/or perform physical procedures for a pupil. However, in an emergency situation all employees may have to administer first aid, which may include auto-injector or inhalers because of the life-threatening nature of the incident.
2. An Administration of Medication Verification Form shall be sent home to be completed and forwarded to the principal of the school (to be housed in the Ontario Student Record) prior to the administration of any medication by school personnel. Communication verbally with parent/guardian will occur when the form is sent home in order to build collaborative and productive relationships that will enhance understanding of the specific health concerns of the student and to ensure that the parent/guardian understands the expectations outlined in the form.
3. A revised Administration of Medication Verification Form shall be completed by the parents or guardians and forwarded to the principal for each school year, or whenever a modification of the prescribed medication occurs. The revised authorization form must be received prior to medication being administered.
4. The principal shall maintain a current list of all pupils receiving medication. Such list may be shared with the local Health Unit with the consent of the pupil's parents and will be shared with the Ministry of Education upon request.
5. Parents are responsible to ensure that the school is advised of any changes in medication. Each parent shall be responsible for the delivery of prescribed medication to the principal (or designate) at intervals as may be determined by the parents and/or medical practitioner, and the principal (or designate) shall deliver to the parents any unused medication at the end of the school year or other times as determined by the parents and/or medical practitioner.
6. A staff person volunteering to supervise the self-administration of medication by a pupil shall consent to such supervision by signing the Supervision/Administration Designation Form (Appendix A).
7. A staff person volunteering to administer medication to a pupil shall consent to participating in administration by signing the Supervision/Administration Designation Form (Appendix A).
8. The staff person shall maintain the "Student Medication Record" (Appendix B) which includes both administration and self-administration of medication. On dates when the pupil is absent, the log should reflect such pupil absence. The "Comments" section should reflect abnormal or unusual circumstances related to such administration. The monthly log sheet is to be filed in the Ontario Student Record by the principal with the signed authorization form.
9. Medication will be administered in a manner which allows for sensitivity, privacy and dignity of the student, while also encouraging the student to take as much responsibility for own medication as is appropriate.

10. Assistance in training to administer medication is the responsibility of the parents, in conjunction with the principal. Parent/guardian should seek advice from the medical practitioner or the Health Unit if necessary.
11. The principal will ensure that medication:
 - a) is clearly labelled for each pupil;
 - b) has clearly indicated dosage; and
 - c) is securely stored to ensure administration to the correct child, and to avoid loss or tampering.
12. Non-health care professionals are not authorized to administer injections; therefore, requests made by parents in relation to administering injections shall be denied. The exemption is when administering auto-injectors for anaphylaxis in an emergency.
13. It is understood that the staff person is administering medication under the principle of “in loco parentis”, and not as a health professional.
14. Personal assistance for pupils with physical disabilities such as lifting, toileting, feeding, catheterization, etc. shall not be the responsibility of the teacher in charge of the pupil. Personal assistance support may be carried out by non-teaching personnel assigned such responsibility by the principal supported by the recommendations of health care providers.

Procedures for Medicinal Cannabis

School administrators have an obligation to accommodate students in the provision of medical assistance at school. Medicinal cannabis is prescribed as part of several medical interventions and should parallel the administration of any other medication.

Each request regarding medicinal cannabis will be treated individually. Administrators must ensure that the following provisions are in place prior to permitting medicinal cannabis on school property.

Smoking of medicinal cannabis and the use of edibles on school property is prohibited.

School Operations

1. Medical Certification for the Use of Medicinal Cannabis at School (Appendix C) must be completed and provided to the principal.
2. Students are not permitted to keep medicinal cannabis on their person during the school day.
3. There must be procedures put into place to maintain the security of medicinal cannabis at school.
4. There must be procedures put into place for transporting medicinal cannabis to its storage location.
5. There must be a determination as to how much medicinal cannabis will be stored for the student.
6. A staff person volunteering to supervise the self-administration of medicinal cannabis by a pupil shall consent to such supervision by signing the Supervision/Administration Designation Form (Appendix A).
7. A staff person volunteering to administer medicinal cannabis to a pupil shall consent to participating in administration by signing the Supervision/Administration Designation Form (Appendix A).
8. The staff person shall maintain the “Student Medication Record” (Appendix B) which includes both administration and self-administration of medication. On dates when the pupil is absent, the log should reflect such pupil absence. The “Comments” section should reflect

- abnormal or unusual circumstances related to such administration. The monthly log sheet is to be filed in the Ontario Student Record by the principal with the signed authorization form.
9. Medicinal cannabis will be administered in a manner which allows for sensitivity, privacy and dignity of the student, while also encouraging the student to take as much responsibility for own medication as is appropriate
 10. Assistance in training to administer medicinal cannabis is the responsibility of the parents, in conjunction with the principal. Parent/guardian should seek advice from the medical practitioner or the Health Unit if necessary.
 11. The principal will ensure that medicinal cannabis:
 - a) is clearly labelled for each pupil;
 - b) has clearly indicated dosage; and
 - c) is securely stored to ensure administration to the correct child, and to avoid loss or tampering.
 12. It is understood that the staff person is administering medicinal cannabis under the principle of “in loco parentis”, and not as a health professional.
 13. Administrators will determine who needs to be informed of the student’s use of medicinal cannabis at school.
 14. With respect to certain courses and activities, there must be procedures put into place where use of medicinal cannabis could be a safety concern. (For example, physical education, science, tech subjects)
 15. There must be procedures for disposing of medicinal cannabis left behind by a student who no longer attends the school.
 16. There must be procedures for students using medicinal cannabis when attending field trips.
 17. The Family of Schools Superintendent should be informed of any request to use medicinal cannabis at school.

APPENDIX A: Supervision/Administration Designation Form

In consideration for exercising the method of administration of the medication as indicated above, the Grand Erie District School Board and its employees, contract workers and volunteers are hereby released and forever discharged from any and all liabilities, covenants, claims, actions and damages arising as a result of exercising such procedure.

I hereby further agree to indemnify and save harmless, the Grand Erie District School Board and its employees, contract workers and volunteers from and against any loss, damage, claim or expense suffered or incurred by them as a result of exercising the method of administration as outlined above.

Parent/Guardian Signature: _____ Date: _____

SUPERVISION/ADMINISTRATION

Person(s) designated to supervise/administer medication(s)/procedure(s) and to maintain record:

Name _____ (Print Name) _____ (Signature)

Alternate: _____ (Print Name) _____ (Signature)

Alternate: _____ (Print Name) _____ (Signature)

Alternate: _____ (Print Name) _____ (Signature)

Principal's Signature: _____ Date: _____

NOTICE

Authorization for the collection and maintenance of the personal information recorded on this form is the Education Act, R.S.O. 1980, S.265(d) and S.266 and the Municipal Freedom of Information and Protection of Privacy Act. Users of this information are supervisory officers, principals and teachers at the school. Any questions regarding the collection of personal information should be directed to the principal of the school.

I/We hereby consent to the use of personal information contained herein by the persons above-named and by such other officers or employees of the Board who may need the personal information in the performance of their duties as employees of the Grand Erie District School Board. I/We also consent to the use of this personal information contained herein by the Ministry of Education and the local public health unit, upon request.

Parent/Guardian Signature: _____ Date: _____

File: OSR

Retention: E + 10 years (E = retirement of student)

STUDENT MEDICATION RECORD

☐ Self-Administered

School: _____ Principal: _____

[illegible]

Retention: E + 10 years (E = retirement of student)

APPENDIX C: Medical Certification for the Use of Medical Cannabis at School

Medical Certification for the use of Medicinal Cannabis at School

This is to certify that: _____ **Student Name** _____
has a medical diagnosis that requires the use of Medical Cannabis at school.

Medical Practitioner's Name: _____ Telephone: _____

Medical Practitioner's Signature _____ Date _____

Medication	Dosage	Frequency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

File: OSR

Retention: E + 10 years (E = retirement of student)

APPENDIX D: Administration of Medicinal Cannabis at School – Checklist

- ☐ Personal prescription with specific dosage prescribed requiring administration during the school day for the student (signed by a physician or nurse practitioner) specifically for medicinal cannabis attached. A copy of the prescription will be kept on file.
- ☐ Student personal license requiring the use medicinal cannabis attached. A copy of the license will be kept on file.
- ☐ Proof of an authorized medicinal cannabis supplier attached. A copy of this documentation will be kept on file.
- ☐ A secure location for storage of medical cannabis has been established.
- ☐ A procedure for transporting medicinal cannabis has been established.
- ☐ The amount of medicinal cannabis to be stored at school at any given time has been established.
- ☐ A procedure for disposal of medicinal cannabis has been established.

APPENDIX E: Administration of Medication Verification Form



APPENDIX E- Administration of Medication Verification Form

Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Student Name
Administration of Medication

Administration of Medication - Open																																												
Student Name																																												
DOB																																												
Gender																																												
MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN																																												
Name of Dispensing Pharmacy:																																												
Pharmacy Address:			Phone:																																									
Name of Physician:																																												
Physician Address:			Phone:																																									
MEDICATION INFORMATION: To be filled in by Parent/Guardian																																												
Reason for Medication:																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Medication Prescribed</th> <th style="width: 10%;">Dosage</th> <th style="width: 15%;">Time of Administration</th> <th style="width: 20%;">Possible side effects (if any)</th> <th style="width: 35%;">Duration of continuing medication</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>					Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication																																			
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Parent/Guardian Signature: _____			Date: _____																																									

APPENDIX F: Administration of Medication Form



APPENDIX F - Administration of Medication Form

Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Student Name
Administration of Medication

Administration of Medication - Open				
Name School	OEN Family	Board Id # DOB	Grade Gender	
Created By: _____ on: 2019.09.11		Last Edit by on: 2019.09.11		Status: Open Finalized on: 2019.09.11
MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN				
Name of Dispensing Pharmacy: _____				
Pharmacy Address: _____			Phone: _____	
Name of Physician: _____			Phone: _____	
Physician Address: _____			Phone: _____	
MEDICATION INFORMATION: To be filled in by Parent/Guardian				
Reason for Medication: _____				
Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication
Parent/Guardian Signature: _____ Date: _____				