



AP S6 Student Medical Care Plan and Medications

Legislative References: *School Act*, Section 88 (1)

Policy Reference: 4.10 Healthy and Safe Environments; 4.30 Severe Allergic Reactions

Collective Agreement References: None

Date: January 20, 2025

It is the District's responsibility to ensure student safety and well-being while at school, and it recognizes that, in some cases, student well-being depends on the implementation of medical care plans for students with serious medical conditions and the administration of prescribed medication.

Given explicit written direction and authority from the parent/guardian, the principal or designate will ensure that medical care plans are implemented, and medications are administered, or that self-administration is overseen, consistent with parent/guardian directions. In the absence of such direction and authority, schools will neither implement medical care plans, nor administer medication to students, nor will they assume responsibility for their self-administration.

This administrative practice provides guidance for the administration and self-administration of medication to students.

Processes

1. Requests to the District to implement a medical care plan for serious medical condition, or to administer medication (short-term or long-term) must be based on the student's requirement to have a medical care plan or receive medication during school hours to allow regular attendance.
2. The Student Medical Care Plan
 - a. must be signed by the student's parent/guardian;
 - 2.1. will be placed in readily accessible, designated areas such as the classroom and office in a manner that maintains confidentiality of student medical information;
 - 2.2. will include at minimum:
 - 2.2.1. the medical diagnosis (signed by a certified medical practitioner;
 - 2.2.2. the current treatment regimen;
 - 2.2.3. who within the school community is to be informed about the plan - e.g. teachers, volunteers, classmates;
 - 2.2.4. current emergency contact information for the student's parents/guardian;



- 2.2.5. a requirement for those exposed to the plan to maintain the confidentiality of the student's personal health information;
 - 2.2.6. information regarding the parent's responsibility for advising the school about any change/s in the student's condition.
- 3. The principal has primary responsibility for ensuring the health, safety and well-being of students during school hours.
 - 3.1. The principal will inform the public health nurse of the names of all students requiring a medical care plan or medication so that instructions or training can be given as needed to the principal or any staff who volunteers to implement the medical care plan or administer the medication.
 - 3.2. Instruction to staff volunteers will be updated as needed by the public health nurse, or by request of the principal and records will be kept of such training. Instructions will be type written.
 - 3.3. The principal must ensure that all relevant forms are completed, signed by all required signatories and updated as necessary.
 - 3.4. The principal is responsible for collecting and managing the information on students' life threatening health conditions and reviewing that information annually to form part of the students' Permanent Student Records.
 - 3.4.1. All life threatening condition(s) must be recorded as an inclusion record in MyEducation BC and update the student's record annually. The inclusion must appear on the student's Permanent Student Record. The school will maintain all documentation regarding life-threatening conditions in the student's cumulative file.
- 4. Medication(s) and devices will be provided in original containers.
- 5. A log will be kept in the school of the dates and times of actions associated with the medical care plan or the administration of medications or supervision of self-medication including any special circumstances and the names of the students concerned.
- 6. Each school in the District must have a Medical Alert Plan in place for medical care procedures and medications needed on a long-term basis. That plan will meet the health and safety needs of the students it serves and will be posted in an appropriate place.



7. In emergency situations every employee has a duty to render assistance to a student, including the implementation of the medical care plan, or the administering of medication where necessary.

Forms Appended to This Administrative Practice

- Medical Care Plan (for Students with a Serious Medical Condition)
- Administration of Oral or Topical Medication (also available as fillable form)
- School Log of Actions and Administration of Medications to a Student

Separate Fillable Forms (available on the [District Website](#), filed under AP S6)

- Diabetes Support Plan and Medical Alert Information
- Administration of Oral or Topical Medication -fillable PDF

References:

- Ministry of Education and Child Care: [Safe and Healthy Schools](#)



Student Medical Care Plan (for serious medical condition)

Student Name: _____ Case Manager: _____

Date of Birth: _____

Date Developed: _____ To be Reviewed: _____

Contact Information

Parent/Guardian Name: _____

Phone: _____ Cell _____

Parent/Guardian Name: _____

Phone: _____ Cell _____

Alternate Emergency Contact: _____

Phone: _____ Cell _____

Background Information: *(Diagnosis and daily medical needs)*

Emergency Protocol at School: *(Symptoms and steps to take if medical attention is needed)*

Emergency Protocol for Field trips: *(Symptoms and steps to take if medical attention is needed)*



Responsibilities

Parent/student Responsibilities:

- Inform teacher of medical condition and emergency treatment
- When appropriate, ensure student wears a Medical Alert bracelet or Necklace
- If needed, provide medication as prescribed by physician

Teacher Responsibilities:

- Inform teacher on call of student with medical condition and emergency treatment
- To understand the medical condition
- To work with parent, student and school based support personnel to provide education where needed

On Field trips/co-curricular/extra- curricular activities and transportation staff

- Take 2 copies of the Medical Action Form and cellular phone
- Inform supervising adults of student and emergency treatment
- If needed, bring emergency medication as prescribed by a physician

We have reviewed this care plan and agree that it will be followed in the school setting. If there is a change in the student's medical needs we agree that the parent must inform the school so that the school can continue to provide the appropriate care.

Parent/Guardian Signature: _____ Date: _____

School Principal Signature: _____ Date: _____



Administration of Oral/Topical Medication

A) PARENT/GUARDIAN – COMPLETE AND SIGN

STUDENT'S NAME (Last, First)		DOB (Day/Mo/Year)	
MEDICAL CONDITION <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Blood Clotting Disorder <input type="checkbox"/> Heart Condition <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Severe Asthma Other: _____			
PHYSICIAN		PHONE	PHN/CARE CARD #
PARENT/GUARDIAN		DAYTIME PHONE	CELL PHONE
EMAIL ADDRESS			
I request the school to give medication as prescribed to my child. I understand I must provide the medication in a sealed original container that is clearly labelled. I will notify the school promptly of any changes in medications ordered.			
SIGNATURE OF PARENT/GUARDIAN			DATE (Day/Mo/Year)

B) PHYSICIAN – COMPLETE AND SIGN

CONDITION(S) WHICH MAKE MEDICATION NECESSARY: _____ _____ _____ _____		
NAME OF MEDICATION	DOSAGE	DIRECTIONS FOR USE
1)		
2)		
3)		
ADDITIONAL COMMENTS, POSSIBLE REACTIONS, CONSEQUENCES OF MISSING MEDICATION, ETC. 		
SIGNATURE OF PHYSICIAN		DATE (Day/Mo/Year)



Instructions for Parents Completing the Administration of Oral/Topical Medication Form

If your child requires medication to be supervised or administered by school staff for at least one month or medication in an emergency, e.g. epinephrine auto-injector, you and your doctor must complete the Medication Administration Form. No medications will be given to your child without a signed medication administration form.

Parent/Legal Guardian:

- + **Complete and sign Section A** of the Medication Administration Form and return the form to the school prior to school starting in September or when your child is started on a medication.
- + **Have your family doctor complete and sign Section B** of the Medication Administration Form. Your doctor needs to clearly state the medical condition, the name of the medication, the amount of medication to be given, how often it is to be given, consequences of a missed dose, important side effects and/or drug reactions.

Provide the medication in its original container clearly labelled with:

- + Child's name
- + Medication name
- + Dosage
- + Expiry date

Ask your pharmacist for an extra labelled container for prescription medications (so you can supply one for school use) and an accurate measuring spoon or cup for liquid medications.

The school principal will be informed of the medication to be administered and will discuss this with school staff. The school's Public Health Nurse is available for consultation if there are any questions about the medication.



School Log -Actions /Administration of Medications to a Student

Student Name: _____ Name of Doctor: _____

Date of Birth: _____ Dr./Clinic Phone: _____

Home Phone: _____ Pharmacy Phone: _____

Update each time a medication is administered.

Date	Time	Medication	Dosage	Administered By	Initial