A. D. Rundle Middle School

Chilliwack School District

45660 Hocking Ave | Chilliwack, BC | V2P 1B3 | Ph#: 604.792.4257 | Fax#: 604.792.3457

CHILLIWACK SCHOOL DISTRICT #33 ADMINISTRATION REGULATION 506.1
INFORMATION ON THE MEDICAL ALERT FORM
for

PARENTS

Dear Parents,

In order to meet your child's health needs at school, we appreciate you taking the time to complete this form. You have indicated that your child has a medical condition that makes it necessary for him/her to take medication at school on a regular or emergency basis or that your child has a medical condition that may require an emergency intervention.

PAGE ONE: please provide personal information on your child including their diagnosis and the name of your doctor. In the section regarding what to do if your child has an "attack" at school, please complete this if your child has a condition where this could occur. For example, a child who has epilepsy, severe allergies, diabetes or asthma. Please sign at the bottom of the first page if you are requesting medication to be given at school.

PAGE TWO: if your physician has recommended medication to be taken at school either on a regular basis or on an emergency basis please have the physician complete and sign Section A on this page. Section B is to be completed by the parent/guardian.

Once you have completed this form please return it to your school as soon as possible. Our team will review the information and develop a safety plan for your child. If you have any questions, please call the school.

Yours truly,

Scott Wallace
Principal

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School District #33 (Chilliwack)

506
POLICY
Administering Medications to Students

Except in emergency situations, designated staff will administer (*or supervise the self-administration of*) medications to students only if the following conditions are met:

1. The medication is required while the child is attending school.

2. A parent has requested the school's assistance and has completed the Medical Alert Form concerning administration at the school.

3. Written authorization and instruction has been received from an attending physician and parent/guardian.

4. Where medication, which is administered on a regular basis, is required while the child is at school, parents and authorized community health professional or an authorized employee shall have access to the pupil to administer the required medication.

   If a student child meets the Provincial Nursing Support Services (NSS) criteria/guidelines and therefore admitted for NSS services, then the NSS coordinator will “delegate” the medication administration to the child specific assigned education assistant. Medication administration is typically delegated to those children who require medication via G-tube and generally not an oral medication. Some oral medications may be delegated (such as Ativan) if the need for the medication is required frequently e.g. for prolonged seizure activity.

5. School personnel have received adequate instruction from the parent/guardian and (where the child meets criteria for delegated care), assistance from Nursing Support Services concerning the administration of the medication. More than one employee at a school shall be adequately instructed in the administration of the medication in order to provide an alternative person in cases of absence or unavailability.

Cross Refs:

Adopted: November 12, 1980
Reviewed: November 23, 2004, May 6, 2014
Revised: February 26, 2002, May 6, 2014

Nursing Support Services will provide consultation to schools at the time a child is being discharged specifically from NSS services regarding the delegation of medication management. NSS will help develop a plan at this transition with the school following the school's procedure.

6. The medications are provided to the school in their original prescription container.

7. Nonprescription medicines such as acetaminophen are not the school's responsibility.

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506.1
ADMINISTRATIVE REGULATION
Information on the Medical Alert Form

The Fraser Valley Health Regional and the Chilliwack School District have collaboratively developed the Medical Alert Form for school use.

1. **WHO SHOULD COMPLETE THIS FORM?**

   It is designed for students who have:

   a) a medical condition that requires medication at school (ie, ADHD (Ritalin) to anaphylaxis (EpiPen)

   b) a medical condition that requires intervention in the event of epilepsy, diabetes, anaphylaxis (may or may not require medication)

2. **THE PURPOSE OF THE FORM**

   The Medical Alert Form provides:

   a) pertinent information on students with the above medical conditions

   b) a quick list of parental preferences in a health emergency

   c) parental request for medication to be administered at school

   d) physician authorization for the administration of medication

   e) parental release for the administration of medication

   f) for a response plan (if required)

   g) information on staff training in the administration of medication

   h) school and public health authorization

Cross Refs:

Adopted: November 12, 1980
Reviewed: November 23, 2004
Revised: February 26, 2002

3. USING THE MEDICAL ALERT FORM

The school principal or designated staff member will give the parent/guardian a Medical Alert Form to complete if they have indicated that their child has a health need that will require medication to be taken at school or that may require an emergency intervention. The parent will be provided with instructions on the completion of the form by school staff and in writing (sample letter provided). When the form is returned to the school, the public health nurse should be contacted to review the form and meet with the school principal to develop a response plan.

All documentation must be finalized prior to the administration of any medication. In some cases this may mean that the child will not attend school until the plan is complete. The administrator will designate a contact person at the school who will be responsible for collecting the form in a timely manner and informing the public health nurse.

4. RESPONSE PLANNING

a) have a training session for staff on the use of an EpiPen

b) provide school staff with information on the medication or the child's medical condition

c) design an EMERGENCY RESPONSE PLAN in conjunction with the parent and school staff

d) designate a staff member to administer and/or supervise medication

Chilliwack School District

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Better health. Best in health care.

Student Picture If available

MEDICAL ALERT FORM

Name _____ Birthdate *(Year, Month, Day)* _____

Parent or Guardian _____ Home Ph. _____ Work Ph. _____

Physician _____ Phone _____

Diagnosis: _____

If your child has these conditions please check:

☐ Epilepsy	☐ Severe Allergies	☐ Diabetes
☐ Anaphylactic Shock	☐ Severe Asthma	☐ EpiPen Required
☐ Blood Disorders	☐ Other _____	☐ ADHD

Parent's Comments:

_____

_____

If an attack does occur at school, please check off those actions that apply. Also please indicate the order in which they should be done.

Check	Order			
☐	☐	Call 9-1-1		
☐	☐	Call parents / guardians	Home _____	Work _____
			Cell _____	Pager _____
☐	☐	Call this emergency contact	Name _____	
			Phone # _____	
☐	☐	Administer Medication		

To request medication be administered at school (regularly or on an emergency basis) please complete the next page.

Parent Signature: _____

Administrator Signature: _____

Date Record Initiated: _____

Response Plan Required: ☐ Yes ☐ No

Date Reviewed	Signature Public Health

REQUEST FOR ADMINISTRATION OF

MEDICATION AT SCHOOL

Student Name: _____School Name: _____

A. TO BE COMPLETED BY PRESCRIBING PHYSICIAN

Condition(s) which make medication necessary: _____

NAME OF MEDICATION	DOSAGE	DIRECTIONS FOR USE
1.		
2.		
3.		
4.		
Additional comments: (possible reactions, consequences of missing medication, storage duration)		Physicians Name: *(please print)*
		Physicians Signature:
		Date:

B. TO BE COMPLETED BY PARENT OR GUARDIAN – INFORMED AUTHORIZATION AND RELEASE

I request the school to give medication (must be in the original container) as prescribed on this form to my child, whose name is: _____. I will notify the school, in writing, promptly of any changes in medication or dosages ordered. I will provide the medications listed above.

- ☐ EPIPEN – I request that the administration of the EpiPen be provided. I understand that the service will be provided by a person without medical or nursing training. It is my responsibility as parent / guardian to provide the school with current EpiPens for my child's use and care.

_____
Date

_____ _____
Name – Parent/Guardian Signature – Parent/Guardian

C. INFORMATION & TRAINING

Prior to administration of any medication, each designated staff member who is responsible for the administration or supervision of the medication must date and sign below to indicate they have been informed of administration and/or has been trained, where required, by the public health nurse.

School Year: _____

DATE	STUDENT NAME	STAFF NAME (please print)	SIGNATURE

D. AUTHORIZATION

_____ _____

Date Principal's Name

_____

Principal's Signature

E. TRAINING & PROCEDURES REVIEWED

_____ _____

Date PHN's Name

_____

PHN's Signature

REQUEST FOR TEMPORARY ADMINISTRATION OF

NON-PRESCRIPTION MEDICATION AT SCHOOL

Student Name: _____School Name: _____

TO BE COMPLETED BY PARENT / GUARDIAN
Condition(s) which make medication necessary: _____

NAME OF MEDICATION	DOSAGE	DIRECTIONS FOR USE
1.		
2.		
3.		
4.		
Additional comments: (possible reactions, consequences of missing medication, storage duration)		

I request the school to give medication (must be provided in the original container) as prescribed on this form to my child, _____ for the following dates (not to exceed 5 calendar days). I will notify the school promptly of any changes in medications needed. I will provide the medications listed above.

_____
Date

_____ _____
Name – Parent/Guardian Signature – Parent/Guardian