



## Administration of Oral Medication to Students Under the Age of 18

### #200.19

---

<b>Adopted:</b>	April 21, 2001
<b>Last Reviewed/Revised:</b>	September 23, 2025
<b>Responsibility:</b>	Superintendent of Education
<b>Next Scheduled Review:</b>	2029-2030

---

#### POLICY STATEMENT:

It is the policy of the Board that procedures are established for the administration of prescribed oral medication that is required during the school day. These procedures include the following:

- That such procedures be applied only to those services, requested by the parent/guardian and prescribed by a physician or other health care professional, which must be provided during school hours;
- That a request for the service and the authorization to provide such service be made in writing by the parent/guardian and the physician or health care professional, specifying the medication, the dosage, the frequency and method of administration, the dates for which the authorization applies and the possible side effects, if any;
- That the parent/guardian and the medical professional will work with the individual school to ensure appropriate measures are in place to facilitate the safe and proper use and administration of the medication;
- That the storage and safekeeping requirements for any labelled medication be stated;
- That a record of administration be maintained which includes the student's name, date, time of provision, dosage given, name of person administering, etc.;
- That the telephone numbers of parent/guardian and physician be readily accessible in the school;
- That the oral medication be administered in a manner which allows for sensitivity and privacy;
- Under staff supervision and where appropriate, students who demonstrate the maturity and capability to safely manage their own prescribed oral medication may be permitted to self-administer, provided there is written consent from the parent/guardian and the prescribing physician or health care professional, and a plan is in place to ensure secure yet accessible storage in accordance with the student's needs and school protocols.

Roles and responsibilities to implement these policy requirements are noted in the Administration of Oral Medication to Students Administrative Procedure.

#### APPLICATION AND SCOPE:

The Brant Haldimand Norfolk Catholic District School Board recognizes that certain students may require the administration of prescribed oral medication while in attendance at school or during school-related activities, including field trips and extracurricular events. Any oral medication to be administered during the school day - either on a regular schedule or in response to specific medical conditions - must be prescribed by a physician or other regulated health care professional.



Administration must follow the procedures outlined in this policy to ensure student safety, staff clarity, and compliance with applicable legislation and best practices.

The Brant Haldimand Norfolk Catholic District School Board is responsible for ensuring the safe administration of prescribed oral medication during school hours, as authorized by a physician or regulated health care professional. Some medications may require administration on a regular schedule, while others may be given only as needed in response to specific medical conditions. For students requiring inhaled asthma medication, please refer to the *Students With Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy Policy and Administrative Procedure #200.05* for specific guidelines.

In some cases, students must receive prescribed oral medication on a regular schedule in order to attend school safely and fully participate in their education. Where complex medical assistance is required beyond the scope of school staff, such services are coordinated through Home and Community Care Support Services (HCCSS) / Ontario Health at Home in collaboration with the student's family and healthcare providers.

The provision of health support services is a shared responsibility among the Ministries of Education, Health, and Children, Community and Social Services. At the local level, these services are delivered in partnership between the Brant Haldimand Norfolk Catholic District School Board, Home and Community Care Support Services, and other community health agencies, as appropriate.

## **REFERENCES:**

- The Education Act, R.S.O. 1990
- Ministry of Education PPM No. 81 – *Provision of Health Support Services in School Settings* (1984)
- Ontario Human Rights Code
- Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)
- BHNCDSB AP #200.05 – *Students With Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy)*
- BHNCDSB AP #500.01 – *Educational Field Trips and Excursions*
- Ontario Physical Education Safety Guidelines (OPHEA)

## **DEFINITIONS:**

### **Prescribed Oral Medication**

Medication that is intended to be taken by mouth and has been prescribed by a regulated health care professional (e.g., physician, nurse practitioner, or dentist) who is authorized to prescribe medication in Ontario. The prescription must be specific to the individual student and intended for use during school hours for a defined period of time, either on a scheduled basis or as needed in response to a medical condition.



### **Non-Prescription (Over-the-Counter) Medication**

Medication that can be purchased without a prescription (e.g., acetaminophen, ibuprofen, antihistamines, cough syrup, herbal supplements, etc.) will not be administered by school staff under this procedure. Parents/guardians are responsible for administering any non-prescription medication to their child outside of school hours or making alternate arrangements, if required, during the school day.



## Administration of Oral Medication to Students Under the Age of 18

### #200.19

---

<b>Adopted:</b>	April 21, 2001
<b>Last Reviewed/Revised:</b>	September 23, 2025
<b>Responsibility:</b>	Superintendent of Education
<b>Next Scheduled Review:</b>	2028-2029

---

#### POLICY STATEMENT:

It is the policy of the Board that procedures are established for the administration of prescribed oral medication that is required during the school day. These procedures include the following:

- That such procedures be applied only to those services, requested by the parent/guardian and prescribed by a physician or other health care professional, which must be provided during school hours;
- That a request for the service and the authorization to provide such service be made in writing by the parent/guardian and the physician or health care professional, specifying the medication, the dosage, the frequency and method of administration, the dates for which the authorization applies and the possible side effects, if any;
- That the parent/guardian and the medical professional will work with the individual school to ensure appropriate measures are in place to facilitate the safe and proper use and administration of the medication;
- That the storage and safekeeping requirements for any labelled medication be stated;
- That a record of administration be maintained which includes the student's name, date, time of provision, dosage given, name of person administering, etc.;
- That the telephone numbers of parent/guardian and physician be readily accessible in the school;
- That the oral medication be administered in a manner which allows for sensitivity and privacy; and
- Under staff supervision and where appropriate, students who demonstrate the maturity and capability to safely manage their own prescribed oral medication may be permitted to self-administer, provided there is written consent from the parent/guardian and the prescribing physician or health care professional, and a plan is in place to ensure secure yet accessible storage in accordance with the student's needs and school protocols.

#### APPLICATION AND SCOPE:

The Brant Haldimand Norfolk Catholic District School Board recognizes that certain students may require the administration of prescribed oral medication while in attendance at school or during school-related activities, including field trips and extracurricular events. Any oral medication to be administered during the school day—either on a regular schedule or in response to specific medical conditions—must be prescribed by a physician or other regulated health care professional. Administration must follow the procedures outlined in this policy to ensure student safety, staff clarity, and compliance with applicable legislation and best practices.



The Brant Haldimand Norfolk Catholic District School Board is responsible for ensuring the safe administration of prescribed oral medication during school hours, as authorized by a physician or regulated health care professional. Some medications may require administration on a regular schedule, while others may be given only as needed in response to specific medical conditions. For students requiring inhaled asthma medication, please refer to the *Students With Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy Policy and Administrative Procedure #200.05* for specific guidelines.

In some cases, students must receive prescribed oral medication on a regular schedule in order to attend school safely and fully participate in their education. Where complex medical assistance is required beyond the scope of school staff, such services are coordinated through Home and Community Care Support Services (HCCSS) / Ontario Health at Home in collaboration with the student's family and healthcare providers.

The provision of health support services is a shared responsibility among the Ministries of Education, Health, and Children, Community and Social Services. At the local level, these services are delivered in partnership between the Brant Haldimand Norfolk Catholic District School Board, Home and Community Care Support Services, and other community health agencies, as appropriate.

### **Roles and Responsibilities**

#### **Superintendent of Education shall:**

- Conduct regular reviews of this administrative procedure to ensure alignment with current best practices and legal requirements regarding the administration of medication in schools.
- Monitor and support the effective implementation of the procedure across all schools.

#### **Principal/Vice Principal shall:**

- Ensure this procedure is implemented consistently within the school.
- Designate and support appropriate staff to administer or supervise the administration of prescribed oral medication.
- Maintain accurate records and oversee secure storage and documentation protocols.

#### **Teachers and Support Staff shall:**

- Adhere to the requirements of this administrative procedure when involved in the administration or supervision of prescribed oral medication.
- Communicate with the principal regarding any concerns, incidents, or changes related to student medication plans.



**REFERENCES:**

- The Education Act, R.S.O. 1990
- Ministry of Education PPM No. 81 – *Provision of Health Support Services in School Settings* (1984)
- Ontario Human Rights Code
- Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)
- BHNCDSB AP 200.05 – *Students With Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy)*
- BHNCDSB AP 500.01 – *Educational Field Trips and Excursions*
- Ontario Physical Education Safety Guidelines (OPHEA)

**APPENDICES:**

- Appendix A – Authorization for Administration and Storage of Prescribed Oral Medication
- Appendix B – Student Log of Administered Prescribed Oral Medication
- Appendix C – Medication Inventory Record
- Appendix D – Medication Incident Report Form
- Appendix E – Annual Parent/Guardian Medication Submission Checklist

**DEFINITIONS:**

**Prescribed Oral Medication**

Medication that is intended to be taken by mouth and has been prescribed by a regulated health care professional (e.g., physician, nurse practitioner, or dentist) who is authorized to prescribe medication in Ontario. The prescription must be specific to the individual student and intended for use during school hours for a defined period of time, either on a scheduled basis or as needed in response to a medical condition.

**Non-Prescription (Over-the-Counter) Medication**

Medication that can be purchased without a prescription (e.g., acetaminophen, ibuprofen, antihistamines, cough syrup, herbal supplements, etc.) will not be administered by school staff under this procedure. Parents/guardians are responsible for administering any non-prescription medication to their child outside of school hours or making alternate arrangements, if required, during the school day.

**ADMINISTRATIVE PROCEDURES:**

The following procedures are intended to ensure a consistent and safe approach to the administration of prescribed oral medication to students during school hours.

The school will not administer non-prescription (over-the-counter) medication under this procedure. Written authorization for the administration of prescribed oral medication must be renewed annually and will expire on the last instructional day of the school year, unless withdrawn earlier by the parent/guardian or revoked due to changes in medical direction.



## Requests and Authorization for Administration

When a request is received for the administration of prescribed oral medication, the principal shall designate a trained staff member to carry out this responsibility. It is recognized that designated school staff are not medical professionals; their role is to administer medication as instructed, not to assess the medical necessity of its use.

Staff will make every reasonable effort to administer the prescribed oral medication at the times and dosages specified in the written authorization. Staff members designated to administer medication are acting as agents of the Board and are covered under the Board's liability insurance.

The administration of prescribed oral medication shall only proceed when all the following conditions are met:

- The request is initiated by the parent(s)/guardian(s);
- Written authorization is provided by a regulated health care professional licensed to prescribe medication;
- The medication must be administered during school hours and cannot be reasonably given outside of the school day.

**Important:** Designated staff are only responsible for administering medication that has been prescribed and properly authorized. They are not permitted to make decisions about the need for medication or adjust dosages.

## Administration of Prescribed Oral Medication

The administration of prescribed oral medication to students shall be regulated by the following procedures to ensure safety, consistency, and accountability:

### 1. Consideration of Alternatives

Before authorizing school staff to administer prescribed oral medication, the principal shall ensure that alternative arrangements have been considered. Administration by school personnel should only occur when:

- The medication cannot be reasonably administered outside of school hours (e.g., before or after school);
- The parent/guardian is unable to attend school to administer the medication;
- An alternate caregiver, authorized by the parent/guardian, is unavailable to administer the medication at school.

### 2. Authorization

If administration by school staff is deemed necessary, the principal shall obtain written authorization using the required forms (Appendix A – Authorization for Administration and Storage of Prescribed Oral Medication, Parts A and B and Appendix E – Annual Parent/Guardian Medication Submission Checklist). These must be completed and signed by both the parent/guardian and the prescribing health care professional.

Authorization must be renewed:

- At the beginning of each school year;
- Whenever the prescription, dosage, frequency, or method of administration changes. Verbal requests or instructions cannot be accepted. Completed authorization forms shall be stored in the student's Ontario Student Record (OSR), and outdated forms shall be securely destroyed.





**3. Transportation of Medication to and from School**

- Medication must be hand-delivered by the parent/guardian to the principal or designated staff member.
- Students are not permitted to transport medication unless a formal self-administration agreement is in place.
- Office staff must log the receipt of medication upon arrival.

**4. Safe Storage of Medication**

The principal shall ensure that all medication is:

- Stored in a locked, secure location inaccessible to unauthorized individuals;
- Kept in its original pharmacy-labelled container, clearly identifying:
  - Student's name;
  - Medication name;
  - Dosage and frequency;
  - Storage requirements;
  - Possible interactions or allergies;
  - Expiry date.

Refrigerated medications shall only be stored if a secure and operational refrigerator is available. A designated staff member shall check expiry dates monthly and report any concerns to the principal.

**5. Recording of Medication Administration**

A daily log must be maintained using Appendix B – *Student Log of Administered Oral Medication*. The log must include:

- Medication name and form (e.g., pill, liquid);
- Dosage and time administered;
- Method of administration (e.g., with food, spoon, dropper);
- Signature of the staff member administering the dose;
- Any notes about missed doses, refusal, or adverse reactions must be made using *Appendix D – Medication Incident Report Form*.

Logs shall be kept with the medication, filed in the student's health file when complete, and retained until August 31 of the school year.

The principal shall also maintain an up-to-date central health file listing all students receiving medication (*Appendix C – Medication Inventory Record*).

**6. Privacy and Student Responsibility**

Medication shall be administered in a respectful and private setting. Mature students may self-administer medication under supervision if:

- A self-administration agreement is completed and signed by the student (if applicable), parent/guardian, and prescribing professional;
- The principal determines the student is capable of safely managing the medication;
- Storage and supervision protocols are clearly established.

**7. Community Health Nurse**

The principal shall ensure that the Community Health Nurse or public health representative has access to the school's Medication Inventory Record and may consult with them regarding training, procedural questions, or updates to individual care plans





**8. Disposal of Medication**

- Unused, expired, or discontinued medications shall be returned directly to the parent/guardian.
- Staff shall not dispose of medications via school waste.
- A signed log of returned medications may be maintained for accountability.

Medication requests shall terminate as of June 30 each school year unless an earlier withdrawal or change is initiated.

**9. Medication During Field Trips and Off-Site Activities**

- Medication protocols shall continue during field trips and off-site school activities.
- The principal or designate shall ensure that trained staff have access to required medication and relevant documentation.
- Parents/guardians are responsible for informing the school of any additional medication needs beyond regular hours.
- Where possible, a designated staff member shall accompany the student and oversee administration.

**10. Medication Errors or Refusals**

In the event of a missed dose, incorrect administration, or student refusal:

- The principal must be informed immediately.
- The parent/guardian must be contacted as soon as possible.
- An incident must be documented using *Appendix D - Medication Incident Report Form*.
- The Community Health Nurse may be consulted for follow-up if needed.
- A review of the incident may be conducted to determine if procedural adjustments are required.



**AUTHORIZATION FOR ADMINISTRATION AND STORAGE OF PRESCRIBED  
ORAL MEDICATION**

**PART A**

**To be completed by attending physician or health care professional**

(Please type or print)

<b>STUDENT'S NAME:</b>		<b>TEACHER'S NAME:</b>	
----------------------------	--	----------------------------	--

1. a) Oral Medication Prescribed: b) Method of Administration: (e.g. pill, liquid) c) Dosage: d) Time(s) of Administration:
2. Must medication be taken during school hours?
3. Possible side effects of medication:
4. Action to be taken should a reaction occur:
5. Allergies which should be noted:
6. Additional/special instructions (e.g. storage of medication, to be taken with food etc.)
7. Expected date of discontinuation of medication:

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's/Health Care Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## AUTHORIZATION FOR ADMINISTRATION AND STORAGE OF PRESCRIBED ORAL MEDICATION

### PART B

#### To be completed by Parent/Guardian

This is to authorize the administration of the medication(s) prescribed as mentioned by the attending physician or health care professional for:

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Medic Alert I.D.: Yes ☐ No ☐

I/we hereby release the Brant Haldimand Norfolk Catholic District School Board, its employees and agents from all actions, causes of action, suits, losses, damages or injuries howsoever caused, by negligence or otherwise, arising out of the administration or failure to administer prescribed oral medication as provided herein. I/we also agree to indemnify the Board, its employees or agents, for any losses or damages sustained by them as a result of any such actions, or proceedings being commenced against them.

Parents/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Parents/Guardians are to provide PRESCRIBED ORAL MEDICATION in original CONTAINERS that are PROPERLY LABELLED by a Pharmacist indicating the STUDENT'S NAME AND ADMINISTRATION/STORAGE DIRECTIONS.

The prescribed oral medication will be delivered, according to an agreed schedule and amount to the Principal or designated person for safekeeping, unless otherwise determined.

In case of **EMERGENCY**, the contact person is:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

To be placed in Documentation file of O.S.R. (remove any old/outdated copies) There should be one form completed for each prescription medication.

A new form is required: a) at the initiation of this process; b) at the beginning of each school year; c) when medication changes.

Notice of Collection: Personal information contained on this form is collected under the legal authority of the Education Act, R.S.O. 1990, c.M.56. The information will be used to determine the authorized method for administration and storage of prescribed oral medication. Questions regarding the collection of this information should be directed to the Principal of the school.



Student Log of Administered Prescribed Medication  
(E.g. asthma reliever inhaler)

Student: \_\_\_\_\_  
Last Name, First Name

School: \_\_\_\_\_ Year: \_\_\_\_\_

Medication	Description of Medication (E.g. pill, liquid)	Specific Administration Instruction (E.g. with food)	Dosage	Date	Time	Signature of Person Administering

(Medical Log to be Retained and Filed for one year)



### MEDICATION INVENTORY RECORD

Please use to maintain a centralized, up-to-date record of all students receiving prescribed oral medication at the school.

School: \_\_\_\_\_

Year: \_\_\_\_\_

Student Name	Grade/Class	Name of Medication	Dosage	Time to Administer	Start Date	End Date	Self-Administering (Y/N)	Location of Medication	Staff Assigned	Notes




*(Medical Log to be Retained and Filed for one year)*



## MEDICATION INCIDENT REPORT FORM

Please use this form to document any deviation from a student's medication plan, including errors, missed doses, or refusals.

### Section 1: Student Information

Student: \_\_\_\_\_  
Last Name, First Name

School: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

### Section 2: Description of Incident

Please check all that apply and provide details below.

- ☐ Missed Dose
- ☐ Incorrect Dosage
- ☐ Incorrect Medication
- ☐ Student Refusal
- ☐ Medication Not Available
- ☐ Adverse Reaction Observed
- ☐ Other: \_\_\_\_\_

Please describe what occurred:

---

---

---

---

---





### Section 3: Staff Involved

Please list the staff involved in the incident, along with their job title.

Staff Name (Last, First)	Job Title

### Section 4: Immediate Action Taken

Please describe any immediate action taken.

---

---

---

---

---

---

---

---

---

---



---

**Section 5: Parent/Guardian Notified?**

☐ Yes ☐ No

If Yes:

Date Notified \_\_\_\_\_ Time Notified: \_\_\_\_\_

Name of Staff Member: \_\_\_\_\_

Name of Parent/Guardian Notified: \_\_\_\_\_

**Section 6: Follow-Up Required?**

☐ Yes ☐ No

If Yes, please describe:

---

---

---

---

---

---

---

---

---

---

**Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## ANNUAL PARENT/GUARDIAN MEDICATION SUBMISSION CHECKLIST

This checklist is intended to support parents/guardians in submitting all required documentation and medication safely and completely at the beginning of each school year (or when a new medication is introduced).

**To be completed by the Parent/Guardian and reviewed by school staff at the time of medication submission.**

### Section 1: Student Information

Student: \_\_\_\_\_  
Last Name, First Name

School: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

### Section 2: Parent/Guardian Responsibility Checklist

✓	ITEM
<input type="checkbox"/>	Completed and signed Authorization for Administration and Storage of Prescribed Oral Medication form (Parts A & B) by both parent/guardian and prescribing health care professional.
<input type="checkbox"/>	Medication is in the original container with current pharmacy label showing: student's name, medication name, dosage, frequency, and expiration date.
<input type="checkbox"/>	I have confirmed that the medication must be administered during school hours.
<input type="checkbox"/>	I have reviewed the school's medication policy and understand that staff cannot assess the need for medication.
<input type="checkbox"/>	I understand that non-prescription (over the counter) medication will not be administered by school staff.
<input type="checkbox"/>	I have informed the school of any known allergies or medication interactions.
<input type="checkbox"/>	I understand that authorization expires at the end of the school year (June 30) and must be renewed annually.
<input type="checkbox"/>	I agree to update the school immediately if there are any changes to the medication (type, dosage, timing, etc.).
<input type="checkbox"/>	I will retrieve any unused or expired medication by the end of the school year or when no longer required.



### Section 3: Parent/Guardian Declaration

I acknowledge that I have completed this checklist and submitted the required forms and medication in accordance with the Brant Haldimand Norfolk Catholic District School Board's administrative procedure on the administration of prescribed oral medication.

Parent/Guardian Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Section 4: School Staff Verification

I have reviewed the checklist, confirmed the submitted documentation and medication, and verified that all required information has been provided.

Staff Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_

***Attach this checklist to the student's OSR or medical file and retain for one school year.***