



Blair Ridge Public School

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Parents of Students with Asthma Medication (Inhalers):

Please be advised that *Ryan's Law* now allows children under the age of 16 years, with their parent's permission, to carry their own prescribed emergency asthma medication (rescue inhaler).

Each school Principal is required to maintain a file of current treatment for each student requiring medication at school and that file must include a copy of instructions from the prescribing doctor as well as the parent's written consent to carry the emergency asthma medication.

What this means for you:

1. A "Permission to Administer Oral Medication Form" completed and signed by your child's prescribing doctor is still required for ALL elementary school students using asthma medication (inhalers) at school.
2. Parents giving their child permission to carry their prescribed emergency inhaler must clearly indicate (see below) where the inhaler can be found while the child is at school.

Please keep in mind that if your child is carrying his/her own medication in a backpack or coat pocket, it may be difficult for them to retrieve it on their own and staff may not be able to find it quick enough in an emergency. For this reason, we also discourage locking emergency medication in a student's locker.

PLEASE COMPLETE AND RETURN THIS FORM TO THE OFFICE ALONG WITH A COMPLETED "PERMISSION TO ADMINISTER ORAL MEDICATION" FORM SIGNED BY YOUR CHILD'S PRESCRIBING PHYSICIAN.

Child's Name: _____ Teacher: _____

Name of medication: _____ Expiry Date: _____

My child's rescue inhaler will be (choose one only):

stored in the school office. I have attached the "Permission to Administer Oral Medication Form" signed by my child's prescribing physician.

carried by my child. I have attached the "Permission to Administer Oral Medication Form" signed by my child's prescribing physician. My child will keep his/her inhaler in _____ (i.e. front pouch of backpack, fanny pack, coat pocket, other). I understand that my child is responsible for keeping his/her inhaler in the location indicated so that staff can find it quickly in an emergency. Emergency medication should never be locked in a student's locker.

Parent Signature: _____ Date: _____

ALL FORMS EXPIRE ON JUNE 30 OF EACH SCHOOL YEAR.

THE DURHAM DISTRICT SCHOOL BOARD

Request for Administration of Oral Medication

You have requested to have prescribed oral medication administered to your child by school personnel during school hours. The Durham District School Board believes that the administration of medication to students is the responsibility of the student's parent(s) or guardian(s). However, the school will endeavour to assist in the administration of oral prescription medication on the following terms and conditions:

The oral medication is prescribed by a physician, is essential for the student to continue to attend school on a long-term basis; must be administered during the school day or during school-sponsored events, it is not possible for the student to self-administer it, and the parent or guardian is unable to make other arrangements for someone to administer it as necessary;

The attached form must be carefully and fully completed by you and your physician prior to the start of each school year or prior to the commencement of the administration of that oral medication in the school year. If the form is not complete and legible, the school staff may be unable to safely administer the oral medication and your request for administration by school personnel may be denied. Therefore, please ensure that the instructions from the physician are very clearly stated, including the drug name, dosage, and frequency, or any other aspect of administration if changed during the school year. It is the parental responsibility to ensure that school staff have up-to-date information at all times, including current emergency contact information so that someone can be reached by the school at all times;

You are required to provide the school with all information needed for school field trips, and you are encouraged to require your child to wear a medical information/alert bracelet or pendant at all times while at school or engaged in school-related activities;

The oral medication must be delivered to the school in the original tamperproof prescription container, clearly labeled with the child's name, the name of the medication, the dosage and frequency, the physician's name, storage and safe-keeping requirements, and the expiry date of the oral medication [it must not be at or near expiry]. The medication must be accompanied by a drug insert listing the possible side effects. If the drug expires or the supply runs out, the dosage will be missed unless you as the responsible parent or guardian have made arrangements for a further supply to be delivered to the school.

You must agree, by signature below, that the Durham District School Board (the "Board"), its employees and agents, including school administration, staff and volunteers, will not be held responsible for any illness or injury to your child relating to or resulting from the administration of the medication. You will assume all responsibility in this regard. You are aware that the school does not have health care professionals to administer the medication, and school staff are not medically trained for this purpose.

The school and school staff are agreeing only to assist you in the administration of the prescribed oral medication. This agreement does not in any way change or relieve you of your parental responsibilities, and it and all accompanying paperwork will expire at the end of this school year. In order to have medication administration re-commenced in the next school year, you are responsible to submit a new and fully completed Request for Administration of Oral Prescription Medication.

I/We acknowledge receipt of this letter, have reviewed its contents, and agree to accept all terms and conditions as set out, in return for the school/school staff's assistance to administer oral prescriptive medication to my/our child, based on the information provided on the "Medication and Administration Information" Form.

I/We hereby request that the medication, as set out in the attached Medical and Administration Information Form, be administered orally to our child in accordance with the included physician's instructions.

I/We understand that the Durham District School Board and its employees will not be legally responsible for the administration of the medication.

Signature of Parent #1

Date of Signature

Signature of Parent #2

Date of Signature

MEDICATION AND ADMINISTRATION INFORMATION
REQUEST FOR ADMINISTRATION OF ORAL MEDICATION (Appendix I)

Student Name: _____ Home Telephone No.: _____

Address: _____

Date of Birth: _____ School: _____ Grade: _____

Parent/Guardian Name: _____ Business Phone _____

Other Contact Name & Phone # _____

Physician's Instructions for Administering **Oral Medication** [to be completed by the Physician]

Name of Medication: _____ Dosage [print] _____

Frequency and Method of Administration:

Dates for which authorization applies (length of time medication is to be given):

Possible side effects (please include or attach a drug information insert if available):

Storage & Safekeeping requirements (medication is normally stored in a locked, non-refrigerated cabinet or area).

Physician's Name and Address (Print) _____

Physician's Phone # _____ Physician's Signature _____

NOTE: This request will expire June 30 of each year.