ADMINISTRATIVE PROCEDURE

Students	Medical Assistance for Students - Medication	STU #15

Revised: **September 2026**

Background

In the context of Christ The Redeemer Catholic Schools (CTR) commitment to Catholic education and Alberta Education's commitment to Safe and Caring Schools, CTR recognizes the importance of creating welcoming, caring, respectful and safe learning environments for all individuals attending or employed within its schools or worksites. This includes proactive plans and strategies to support students who require a specific safety plan to address potential medical need or prescribed medications during the school day to maintain their physical or mental well-being.

An important tool in responding to this need is the development of the individual Student Medical Plan. The goal of these plans developed by schools, in collaboration with the parents/legal guardians and, where appropriate, health professionals, is to balance student safety with opportunities for the student to continue to participate fully in school activities and events. As much as possible, planning is to ensure students are safe while at school and to avoid depriving these students of peer interaction or imposing unreasonable restrictions on the student's activities. Procedures and regulations are required to ensure parents and staff understand when and how the school will assist students with their prescribed medications.

Students will at times require medication during school hours. While many students can properly take their prescribed medications independently, some students due to age or other physical limitations may be unable to safely self-administer prescribed medications, in these cases, the following procedures apply.

Procedures

1. School Personnel Administering Medication to Students
   - 1.1. Wherever feasible and authorized by the principal, the student and/or the student's parent may accept the responsibility of performing the service, if required during school hours. If a student can take their medication independently, this, in consultation with parents, will be honored. This will be noted in PowerSchool under 'Medical Alert'.
   - 1.2. In situations where a student is unable to self-medicate, or a parent/legal guardian is unable to attend the school and administer the medication, or where there are no other viable alternatives, parents may request that school administration and staff provide assistance in accordance with this procedure. In these cases, it is important to ensure the safety of the student by following appropriate processes which may include but are not limited to the following:
     - 1.2.1. The Principal must receive a written request and authorization from the parent and, for any applicable service, a statement from the student's attending physician attesting that the service is needed during school hours and prescribing the service to be given. This should include information indicating the type of medication to be administered, the time and manner of administration, the required dosage, and the action to be taken in the event of possible hazards or side effects. (See Attached Form)
     - 1.2.2. The medical Information will be noted in PowerSchool under "Medical Alert"
     - 1.2.3. It is the responsibility of the parent/legal guardian to immediately advise the principal, in writing, of any change in the medication or other relevant factors that may influence the process and/or safety of the child.
     - 1.2.4. The principal shall make appropriate arrangements with designated school personnel to administer the medication and undertake its safekeeping at the school and on school excursions.

1.2.5. The principal will coordinate training / retraining on the administration of the medication. Parents and / or medical professionals and / or school personnel may assist in this training as appropriate. Designated staff are accountable to ensure that they are familiar with the routines required in the administration of the medication and are to seek clarification from the school principal when necessary. Best practices include designating individuals, back up personnel and a team approach where possible, and a binder with applicable information is kept in a location that can be accessed in the event that the designate is absent or unavailable. It is the responsibility of the parent/legal guardian to ensure that the school is provided with a supply of current medication which shall be delivered in person by the parent/legal guardian to the principal. Some medications have a shelf life (expiry date) and it is the parents' responsibility to ensure that all medication that is given to the school is current.

It is the responsibility of the principal to ensure that medication shall be kept in an appropriate, locked and limited access space. Individual containers must be labeled by the pharmacy or by the physician, and labels must be clearly marked with the pupil's name, name of physician, date, name and telephone number of the pharmacy, name of medication dosage, and frequency of administration. Arrangements for the student to have the medication on their person, when appropriate, may also be made and documented in the Student Medical Plan. In some circumstances, such as with Epi Pens, parents may be required to have a backup Pen in the office, when students carry an Epi Pen on their person.

1.2.6. Medication shall be administered in a manner which allows for sensitivity and privacy and which encourages the pupil to take an appropriate level of responsibility for their medication. Where arrangements have been made through the Principal for administration of a medication to a student the following documentation should be completed and maintained in the school office:

- 1.2.6.1. A consent form shall be signed by the physician, parent, and designated person providing the health service or administering drugs in the form of Appendix "A" (attached).
- 1.2.6.2. An "Individual Pupil Log of Medication Administered" shall be kept by each person designated for administration of a prescription drug in the form of Appendix "B" (attached).
- 1.2.6.3. A written log shall be maintained when drugs are administered during school hours. The log shall include the student's name, the name and telephone numbers of the parent and physician, the name of the medication, the dosage and the date and time of provision, and the name of the person administering. In addition, the log shall reflect the date of initiation of the drug therapy in the school, any absenteeism, and the drug discontinuance date.
- 1.2.6.4. Consent and authorization forms shall be renewed annually.
- 1.2.6.5. All medication administered by school personnel shall be noted in the medical plan portion of the IPP where every individual's responsibility is outlined including student, staff, and parents.

1.2.7. If, in the Principal's opinion, the school is unable to provide health care for a specific case, or if a medical requirement is an area of restricted practice and/or is deemed too complex for school staff, the Principal in consultation with the Director of Student Services, shall relay that opinion to the parent and the Superintendent.

CTR holds Incidental Medical Malpractice coverage for all employees, which is designed to cover organizations outside the health care industry that have a medical exposure for operations whereby medical services are not the major function of their organization (i.e. educational facilities).

APPENDIX A
Christ The Redeemer Catholic Schools
Consent Form for the Administration of Health Service and/or Prescribed Medication

I. TO BE COMPLETED BY PARENT(S) OR LEGAL GUARDIAN(S):

I hereby acknowledge that at my request the Principal or the person designated by the Principal has been authorized to administer the prescribed health service and/or prescribed medication:

_____

_____

_____

to my son/daughter/ward: _____

Date of Birth: _____ Grade: _____

School: _____

by: _____ or alternates: _____

I hereby release the Principal and/or their designate and Christ The Redeemer Catholic Schools from any claim resulting from the administration of the aforesaid and I hereby agree to indemnify and save harmless the Principal and/or their designate and Christ the Redeemer Catholic Schools from all claims that may be made as a result thereof.

_____	_____	_____
Date	Witness	Signature of Parent or Legal Guardian

II. TO BE COMPLETED BY A MEDICAL PRACTITIONER:

I hereby approve the parent's request to authorize the Principal or the person designated by the Principal to administer the following recommended procedure and/or medication (include directions, dosage, frequency of administration and possible side effects to be aware of, as applicable:

_____

_____

_____

_____

_____	_____
DATE	SIGNATURE OF MEDICAL PRACTITIONER

III. TO BE COMPLETED BY PERSON DESIGNATED TO PROVIDE MEDICAL SERVICE AND ALTERNATES:

I am willing to provide the above-described services in consultation with the child's medical practitioner and the local health authority.

_____	and	_____
SIGNATURE OF DESIGNATED PERSON		ALTERNATE(S)

The personal information collected through this Consent Form for the Administration of Health Service and/or Prescribed Medication form is for the purpose of developing and administering the student's medical plan, safely providing prescribed medication and/or health services during school activities, and maintaining a record of the services or medication provided. This information will be input into automated systems, specifically PowerSchool. This information will be retained for seven (7) years following the student's anticipated graduation date, after which it will be securely destroyed. The collection of this information is authorized under Section 4(c) of Alberta's *Protection of Privacy Act* (POPA) and will be managed, used, and disclosed strictly in accordance with the Act. For questions about this collection, please contact Student Services at 403-938-2659.

APPENDIX B
Christ The Redeemer Catholic Schools
Individual Pupil Log of Medication Administered

Name of Student _____ Date of Birth _____ Grade _____

Address _____

Name of Parent/Legal Guardian _____ Phone _____

Name of Doctor _____ Phone _____

Person Administering Health Care Service _____

Alternate (s) _____ _____

Date Drug Therapy Started _____ Date Drug Therapy Ended_____

ADMINISTRATION OR MONITORING OF PRESCRIBED MEDICATION OCCURRED AS FOLLOWS:

DATE	TIME	TYPE	AMOUNT	SIGNATURE		DATE	TIME	TYPE	AMOUNT	SIGNATURE

APPENDIX C

Christ The Redeemer Catholic Schools

To be completed when student transfers schools during school year and to be attached to the original consent form for that school year

Consent Form for the Administration of Health Service and/or Prescribed Medication

I. TO BE COMPLETED BY PARENT(S) OR LEGAL GUARDIAN(S):

I hereby acknowledge that at my request the Principal or the person designated by the Principal has been authorized to administer the prescribed health service and/or prescribed medication:

_____

_____

_____

to my son/daughter/ward: _____ Date of Birth: _____ Grade: _____

School: _____by: _____

or alternates: _____

I hereby release the Principal and/or their designate and the Christ The Redeemer Catholic Schools from any claim resulting from the administration of the aforesaid and I hereby agree to indemnify and save harmless the Principal and/or their designate and the Christ The Redeemer Catholic Schools from all claims that may be made as a result thereof.

_____	_____	_____
Date	Witness	Signature of Parent or Legal Guardian

II. TO BE COMPLETED BY A MEDICAL PRACTITIONER:

The student's transfer to another school within the Christ The Redeemer Catholic Schools does not necessitate this section being completed again by a Medical Practitioner.

I hereby approve the parent's request to authorize the Principal or the person designated by the Principal to administer the following recommended procedure and/or medication (include directions, dosage, frequency of administration and possible side effects to be aware of, as applicable:

_____

_____

_____

_____	_____
DATE	SIGNATURE OF MEDICAL PRACTITIONER

III. TO BE COMPLETED BY PERSON DESIGNATED TO PROVIDE MEDICAL SERVICE AND ALTERNATES:

I am willing to provide the above-described services in consultation with the child's medical practitioner and the local health authority.

_____	and	_____
SIGNATURE OF DESIGNATED PERSON		ALTERNATE(S)

The personal information collected through this Consent Form for the Administration of Health Service and/or Prescribed Medication form is for the purpose of developing and administering the student's medical plan, safely providing prescribed medication and/or health services during school activities, and maintaining a record of the services or medication provided. This information will be input into automated systems, specifically PowerSchool. This information will be retained for seven (7) years following the student's anticipated graduation date, after which it will be securely destroyed. The collection of this information is authorized under Section 4(c) of Alberta's *Protection of Privacy Act* (POPA) and will be managed, used, and disclosed strictly in accordance with the Act. For questions about this collection, please contact Student Services at 403-938-2659.