



CALGARY BOARD OF EDUCATION

Administrative Regulation 6002 - Health Services to Students

The Calgary Board of Education recognizes that good health is basic to the ability of students to achieve their personal and educational goals.

The Board will co-operate with arrangements made by Calgary Health Services to provide students with medical, speech-language pathology and dental services. Information will be shared with Calgary Health Services and other approved agencies as needed to meet the health needs of students as permitted by applicable provincial law and regulation. The Board will co-operate with arrangements made by other approved agencies to provide specialized nursing care to students who have special health needs.

When an accident or medical emergency occurs, staff are expected to take reasonable action to meet the student's immediate needs and to obtain medical care.

Students who require medication are expected to take it at home under the direction of the parent. Staff are authorized and encouraged to co-operate with reasonable requests made by parents for their assistance with respect to a student who requires medication away from home as a condition of attending school.

Subject to written arrangements acceptable to and approved by the principal, a parent may arrange for a student to receive health care at school from a private agency or practitioner.

A. DEFINITIONS

1. References to "parent" are intended to include persons who are defined as a parent or accorded the rights of a parent in the School Act.
2. References to "staff" are intended to include both certificated and non-certificated personnel and volunteers.

B. GENERAL PROVISIONS

1. Medical, speech-language pathology and dental health services may be provided to students on the basis of arrangements made by the Calgary Board of Education with Calgary Health Region or other approved agencies.
2. A copy of the manual entitled *Health Information and Resource Manual* prepared and provided by Calgary Health Region is to be kept in the school.

3. Parents are:
 - a. responsible for keeping the school aware of a student's health needs; and are
 - b. expected to provide the school with information about health problems which could affect the student's behaviour and learning and/or the welfare of other students and of staff.
4. Information provided by parents regarding a student's medical status and needs is to be made known to affected staff in accordance with the wishes of the parent and/or in accordance with the need of staff for the information as determined by the principal.
5. Subject to the provisions of applicable provincial law and regulation, information will be shared with Calgary Health Region and other approved agencies when sharing will serve the health needs of students .
6. Staff are to be familiarized with the following:
 - a. The nature of the contents and the location of the manual entitled *Health Information and Resource Manual*.
 - b. The provisions of this regulation with respect to meeting the health needs of students and responding to emergencies.
7. Staff are expected to use opportunities afforded by curriculum to provide students with attitudes and understandings conducive to good health.

C. MEDICATION OF STUDENTS AT SCHOOL

1. The administration of medication to students is the responsibility of the parent and the student's physician.
2. Students are expected to take needed medications at home.
3. Notwithstanding sections 1 and 2 above, medications may be taken by a student at school provided that:
 - a. The student's attendance depends upon taking medication at school.
 - b. A properly completed and signed Medication Application and Release Form has been received from the parent and approved by the principal.
4. Notwithstanding sections 1 and 2 above, medications may be administered to a student by staff provided that:

- a. The student's attendance depends upon receiving medication from staff at school.
 - b. The principal and/or a designated staff member accepts responsibility for the assistance which the parent has requested.
 - c. A properly completed and signed Medication Application and Release Form is received from the parent and approved by the principal.
 - d. The student's physician affirms that administration of medication to the student as requested by the parent is within the competence of an adult untrained in medical procedures.
5. If arrangements are approved by the school for a student's medication at school on the basis of sections 3 and 4 above, the following will apply.
- a. The student will be expected to assume as much responsibility as possible for the handling and administration of the medication; and
 - b. The arrangements will remain in effect only as long as they are satisfactory to the principal and co-operating staff.
6. A Medication Application and Release Form is valid only for the school year and for the school for which it was drawn up and is to be updated by the parent during the school year to reflect any change in the student's medication.
7. Requests and information concerning medication provided by parents and approved Medication Application and Release Forms are to be placed in the Student Record File.
8. Medications are to be stored at school in accordance with the following requirements:
- a. In the case of students who are self-medicating:
 - i. Unless the principal makes arrangements for storage, medication is to be restricted to a single day's dosage.
 - ii. The student is to ensure that medications are handled in a safe and responsible manner.
 - b. When medication is accepted for administration to a student, or when a student is permitted to bring a quantity of medication exceeding a single day's requirements, the following will apply:
 - i. Arrangements are to be made for delivery of the medication to the school in a responsible way and for storage of the medication in a place which is secure and which meets the storage instructions provided by the student's parent and/or physician.

- ii. Unused medications are to be returned to the parent at the end of the school year.
- 9. A school office record is to be maintained which includes information concerning the following:
 - a. students who take or receive medications
 - b. medications taken by these students
 - c. emergency contacts given by the parent or physician
- 10. Instructions provided by parents and physicians relating to student medication are to be made known to staff and followed with reasonable care.
- 11. Except as provided for in this regulation, no medications are to be given or administered, including both prescription and non-prescription medications (e.g., aspirin).
- 12. The medication and other health needs of a student may be met at school by a private practitioner or agency provided that arrangements are:
 - a. consistent with the provision of this regulation;
 - b. acceptable to and approved by the principal; and
 - c. drawn up in an agreement signed by the parent.

D. EMERGENCIES

- 1. When a student is judged to require immediate medical attention or suffers an accident, staff are expected to act as follows:
 - a. If a student is seriously injured or if there is uncertainty about the seriousness of an accident, call Emergency Medical Services (Telephone 911).
 - b. Contact a parent as soon as possible.
 - c. Provide adult supervision until relief is provided by a parent or by medical personnel.
 - d. If time does not permit, or a parent cannot be contacted, take immediate action to provide medical attention and advise the parent as soon as is reasonably possible thereafter.

- e. If any reason is judged to exist for not moving the student (e.g., doubt regarding the nature of injuries suffered in an accident), the student should not be moved.
 - f. Take prompt action to file an Accident Report.
2. If a student is taken to a medical facility without contact having been made with a parent:
- a. Endeavour to arrange for the student to be accompanied by an adult until one of the following occurs:
 - i. parent arrives
 - ii. medical staff assume supervision
 - iii. student is discharged by medical staff
 - b. Leave all decisions regarding treatment to medical staff, the parent and the student.
3. When medical care is arranged for by supervising staff other than the principal, the principal is to be informed as soon as possible of the action taken and an Accident Report filed.
4. The following guidelines apply when a student becomes ill during the day:
- a. Contact must be made with a parent (or emergency contact person) before an elementary student is sent home.
 - b. In the case of secondary students, endeavour to contact a parent for the purpose of arranging for the student to return home.
 - c. If a student is placed in a medical room, arrange for monitoring.
5. Emergency treatment of specific conditions such as diabetes is to be handled in accordance with directions provided by the parent or physician or in accordance with the emergency provisions stated above and contact with the parent made as soon as possible.

Approved:	June 20, 1963
3rd Amendment:	March 28, 1995
Re-issued:	February 15, 2003



Calgary Board of Education

Request for Assistance to Administer

Medication Form (Revised: May 12, 2004)

Duty of Care

This form is to be completed if a student's attendance at school requires that medication be administered at the school with or without the assistance of school staff. Completion of this form and authorization by the school principal is required in all instances. This form must be completed when a student registers at a school and permission, if granted, may not be transferable from one school to another. The information gathered in this form must be reviewed (and confirmed or updated) annually or sooner if the student's condition changes as long as the student is in continuous registration at the school where this permission has been granted.

STUDENT INFORMATION (to be completed by Parent/Legal Guardian or Independent Student)

Student Number (CBE ID)		Date
Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name

MEDICATION REQUIREMENTS (To be completed by the Physician, for severe allergies or medical conditions requiring prescription medication. For other conditions, to be completed by the Parent/Legal Guardian/Independent Student.)

A Physician's endorsement is required for administering prescription medication.

Medical condition(s) which make(s) the medication(s) necessary.

Medication(s) which the student requires:

Please fill out the medication names and details for administering them:

NAME OF MEDICATION	DOSAGE (HOW MANY?)	HOW OFTEN?	TIME OF DAY

Medication Storage Requirements: _____

Does the student need staff assistance? Yes No If Yes, please explain assistance needed: _____

Possible side effects requiring emergency action: _____

Action necessary if an emergency arises: _____

Additional Instructions or Information: _____

PHYSICIAN'S ENDORSEMENT

The preceding information provided by the parent/legal guardian or Independent Student is correct. Yes No

The assistance required of staff is within the competence of a person untrained in medical procedures. Yes No

Physician's Name (please print)

Physician's Phone #

Physician's Location & Address

Signature of Physician

Date

ACKNOWLEDGEMENT AND WAIVER BY PARENT/LEGAL GUARDIAN OR INDEPENDENT STUDENT

1. Primary responsibility for the administration of medication rests with the student and the student's parent/legal guardians.
2. If granted, approval of this request is valid only for the school and school year in which it is submitted
3. Any change in the student's medical condition or medication is to be brought to the attention of the principal promptly.
4. Action taken by staff will be limited to what is possible in a school setting and to what can be done by persons untrained in medical procedures.

I acknowledge that I have read and understood why I have been asked to complete this form. I am aware of the risks or benefits of consenting or refusing to consent. In signing this form, the parent/legal guardian or independent student releases the Calgary Board of Education, its servants, employees and agents from and against all claims, suits, demands and actions whatsoever taken now or in the future which may arise by reason of the administration of medication to the student. The action taken by staff as requested above is both requested and authorized. Staff are authorized to take emergency action deemed appropriate.

Name of Parent/Guardian or Independent Student (please print)

Signature of Parent/Guardian or Independent Student

Date:

PRINCIPAL'S APPROVAL (in accordance with Administrative Regulation 6002)

School

Signature of Principal

Date

Personal information is collected under the authority of Alberta's *Freedom of Information and Protection of Privacy Act* (FOIP) and the *School Act*. This information will be used to respond to potential emergency situations and/or to assist with medication application needs involving the student whom you have identified above. It will be treated in accordance with the privacy protection provisions of the FOIP Act. If you have any questions about the collection and/or its intended use, please contact the school principal or the Specialist, Duty of Care at 515 Macleod Trail SE, Calgary AB, T2G 2L9 (403) 294-8201.



Calgary Board of Education

Student Physical or Medical Condition

Form (Revised May 12, 2004)

Duty of Care

This form must be completed if a Physical or Medical Condition may affect the student's attendance at school. The information gathered in this form is to be reviewed (and confirmed or updated) annually or as the student's Physical or Medical condition changes.

PART 1 – STUDENT HEALTH INFORMATION (to be completed by Parent/Legal Guardian or Independent Student)

STUDENT NUMBER (CBE ID)		Date
Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name

A – PHYSICAL OR MEDICAL CONDITION (to be completed by Parent/Legal Guardian or Independent Student)

Does the student suffer from any of the following that would prevent him/her from participating fully in school programs?

- | | | |
|--------------------|------------------------------|-----------------------------|
| Medical Condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Emotional Disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Illness or Injury | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please **state full particulars** and provide **any special instructions for school staff** in the space below:

Nature of the condition:

Symptoms of the Condition:

Recommended Response to Student Needs

If your child has a severe allergy and/or requires assistance with administering medication, please complete a:

Severe Allergy Alert Form
Request for Assistance to Administer Medication Form

Completed: Yes No
Completed: Yes No

Personal information is collected under the authority of the *School Act* and Alberta's *Freedom of Information and Protection of Privacy Act* (FOIP). This information will be used to respond to the identified medical or physical needs of the student named above. It will be treated in accordance with the privacy protection provisions of the FOIP Act. If you have any questions about the collection and/or its intended use, please contact your school principal or the Specialist, Duty of Care, phone (403) 294-8201, Calgary Board of Education, 515 Macleod Trail SE, Calgary AB T2G 2L9.

Name of Parent/Guardian or Independent Student (please print)	Signature of Parent/Guardian or Independent Student	Date:
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