

Arrangements for Administering Medication

Following discussions with their insurers, ESF has instructed all schools to alter the arrangements for administering medication.

The following procedures concern medication brought to and administered in school. Medication refers to routine medicines administered orally in tablet or liquid form.

We encourage parents and physicians to minimize the prescribing of medication to be taken during the school day. Medications will be expected to be given before and after school hours whenever possible.

If your child requires medication in school, please adhere to the following guidelines:

- A request must be received from the parent or guardian in writing.
- If the medication was prescribed by a doctor, a note should be received stating that it is necessary for the child to take medication during school hours. The note should give clear instructions concerning the required dosage.
- Any medication should be brought to school by the parent or parent's representative. It should be delivered personally to the school nurse or class teacher.
- Medications must be clearly labelled with contents, owner's name and dosage.
- A completed Medication Authorization Form must be submitted to the school before the medication can be administered. The Medication Authorization Form is available on the RCHK website.
- Medication will not be sent home with a child. Where there is excess medication, these must be collected from the school by an adult.
- The school does not assume responsibility for any reactions that may occur following administration of medication sent from home, nor can there be any responsibility assumed if the parent does not send sufficient medication.



To protect your child, we will NOT prescribe/provide drug/medication to your child. 🚫

We ask that all parents follow the procedural guidelines for the safety of everyone in our school community.

Samuel Hureau
Business Manager

Louise Wood
School Health Professional



Medication Authorization Form

I, _____, parent/guardian of _____
(parent's/guardian's name) (child's name and class)

hereby authorize the **Renaissance College** to administer the following medicines:

Name of Medicines*:

- * The name of medicine, date (prescribed by doctor within 7 days), student's name, dosage and route of administration should be marked clearly on each medication bag/bottle.
- * Prescription should be in English.

Signature of Parent/guardian _____

Date _____