

SD 42 PROCEDURE: 9610.1

MEDICAL INTERVENTION

Purpose

To provide step by step guidelines for documentation and implementation of a medical intervention for a student while attending school.

Process

1. The following is to be communicated to parent(s)/guardian(s) at the beginning of each school year in a special memo or in the first regular newsletter.

"Regarding Health Care Needs of Children at School:

If your child has any health care needs that require support at school, including the administration of any medications, medical forms must be completed. The school cannot assist with any medical intervention unless these forms are completed. Please contact the school as soon as possible to complete a form. This procedure complies with the policy regarding the health care needs of children at school. If there are any questions, please contact the school."

2. If the Principal learns from information provided on the standard pupil registration form or from any other source that a student is or may be required to have medication administered or specific intervention for a Health Care need while they are attending school, the Principal will immediately contact the student's parent/guardian.
3. The parent/guardian will complete the applicable form based on the type of medical intervention(s) required:
 - a) If the child has **Anaphylaxis**, complete the Anaphylaxis Emergency Procedure Plan attached to Procedure 9601.1;
 - b) If the child has **Diabetes**, complete the Diabetes Support Plan attached to Procedure 9610.3;
 - c) If the child has **Seizures**, complete the Seizure Action Plan attached to Procedure 9610.2;
 - d) If the child requires **other medical intervention**, complete the Medical Intervention Form attached to this procedure.
4. A medical intervention will be administered only upon receipt of the appropriate completed form and following adequate instruction to school personnel.
5. The Principal will make every reasonable effort to ensure that the following procedures are in place:
 - a) the completed form is received by the school prior to the medical intervention;
 - b) the parent/guardian is informed of their responsibility to update medical

- c) information as the need arises;
all forms returned by parent(s)/guardian(s) are kept in a safe accessible location;
 - d) TTOCs and Education Assistant floats are informed of the medical needs of the students in their classes.
- 6. Upon the request of a parent/guardian, the Principal shall convene a meeting to review circumstances and procedures under which a medical intervention is to be administered.
- 7. If medication is to be stored at a school:
 - a) the Principal will arrange to have the medication stored in a safe and appropriate place;
 - b) the parent/guardian must provide medication in the original container including prescription directions and doctor's name;
 - c) the parent/guardian must renew the supply and provide the school with additional medication as needed;
 - d) any unused or expired medication will be returned to the parent/guardian.
- 8. A record-keeping system in a medical alert binder will be kept in a designated location in the school and in the student information system (MyEd) for each student for whom medication is being administered or a specific intervention for health care is needed. This system will include copies of all pertinent forms including the Medical Intervention Form (see attached).
- 9. If required, the Principal will contact the public health office to arrange for the appropriate training of the school personnel as per the Inter-Ministerial Protocols. In all such cases, more than one staff member will be trained in the medical intervention in order to provide an alternate person in cases of absence or unavailability.
- 10. The Medical Intervention, Anaphylaxis Emergency Procedure Plan, Diabetes Support Plan or Seizure Action Plan must be reviewed annually and updated when there are changes to the medical condition, symptoms, medication or medical intervention.

APPROVED: September 23, 2015
UPDATED: November 2023

MEDICAL INTERVENTION FORM

NOTE: NO MEDICATION WILL BE GIVEN UNTIL THIS FORM IS COMPLETED AND RETURNED TO THE SCHOOL.



NOTE: Complete an Anaphylaxis Emergency Procedure Plan for Anaphylaxis; a Diabetes Support Plan for Diabetes Management; a Seizure Action Plan for Seizures INSTEAD of this form. This form is only used for medical interventions other than anaphylaxis, diabetes and seizures.

This form is to be completed by the parent or legal guardian
A copy of this form must accompany the student to hospital

A. EMERGENCY CONTACT INFORMATION	
Student's Name:	School:
Personal Health #:	Birthdate:
Address:	
Parent/Guardian #1:	
Phone #1:	Phone #2:
Parent/Guardian #2:	
Phone #1:	Phone #2:
Family Physician:	Phone:
Other Physician:	Phone:
Life Threatening Medical Condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any known allergies:	
DO NOT COMPLETE SECTIONS B, C, D and E FOR STUDENTS WHO ARE FOLLOWED BY NURSING SUPPORT SERVICES (NSS) – SEE NSS CARE PLAN	

B. SIGNS AND SYMPTOMS
Please describe the signs and symptoms of your child's medical condition that staff should be aware of:

C. MEDICATION: IS MEDICATION REQUIRED AT SCHOOL? YES <input type="checkbox"/> NO <input type="checkbox"/>					
	Name of Medication:	Dosage:	Where it is Kept?	Prescribed for:	Directions for use (see Section D)
1.					
2.					
3.					

D. MEDICAL INTERVENTION(S):

Please describe the action(s) to be taken (i.e. Administering medication, calling home, calling 911):

E. AUTHORIZATION:**I agree:**

- To supply medication to the school in the original container with the child's name, prescribing physician and pharmacist's directions for use, including dosage.
- To supply the medication in the original container with directions for use, including dosage, if an over the counter medication is used.
- To keep an adequate supply of current medication at the school.
- To provide my child with a medical alert bracelet/necklace, as required.
- To contact the school and provide revised instructions if changes occur. I am aware I am required to update this information as needed and no less than annually.
- That the Public Health Nurse for the school may be informed of my child's condition and treatment and that the Nurse may contact me as necessary.
- That the staff working with my child may need to know of my child's condition and/or the medication required.

Parent / Guardian signature: _____ Date completed: _____

Principal's signature: _____ Date completed: _____

Copies: ☐ **Parent(s)** ☐ **Student File** ☐ **Medical Alert Binder** ☐ **TTOC File**
☐ **MyEd**

November 2023

This Medical Intervention Form has been collaboratively developed by Fraser Health and School District No. 42 (Maple Ridge – Pitt Meadows). The information collected on this form is subject to and protected by the provisions of the Freedom of Information and Protection of Privacy Act.

Administration of Medication Record

Top section to be completed by Parent(s)/Guardian(s)

Student Name: _____

Medication Name: _____

Directions for Use (per prescribing physician and pharmacist's direction): _____

Dosage: _____

Schedule of administration: _____

Parent/Guardian Signature: _____ Date Signed: _____

[illegible]